



**RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS**

**Master of Arts
in Marriage and Family Therapy**

**MFT Practicum/
Internship Clinical
Manual
For Students Admitted
January 2016 or After**



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GENERAL INFORMATION

PURPOSE OF CLINICAL MANUAL

The purpose of this manual includes the following:

- To help the student plan for and navigate the Practicum and/or Internship portion of the MAMFT program
- To describe the requirements and components of Practicum and Internship
- To communicate policies and procedures for Practicum and Internship, including the clinical training lab and placement in the community
- To provide all the forms that are needed in Practicum and Internship
- To facilitate links with important web site information

It is expected that all faculty and students engaged in Practicum and Internships will be familiar with the information contained within this manual. **All faculty and trainees must adhere to the American Association for Marriage and Family Therapy Code of Ethics** (http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx).

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The above mentioned faculty are all Licensed Clinicians. All regular and affiliate faculty who teach Practicum and Internship hold licenses in good standing and are AAMFT Approved Supervisors or AAMFT Approved Supervisor Candidates.

HIPAA Privacy & Security Reminder

The goals for maintaining rigorous adherence to HIPAA compliance requirements within all Regis University-sponsored programs, projects and activities are designed to:

- Ensure the security and confidentiality of PHI and ePHI as covered by HIPAA;
- Protect against any anticipated threats or hazards to the security or integrity of such information, and
- Protect against unauthorized access, use or disclosure of such information.

During the first week of Practicum, students will complete the necessary training on how to comply with the policies and procedures for maintaining HIPAA compliance and utilizing the HIPAA electronic footprint and counseling clinics. Compliance with HIPAA must be maintained during practicum and internship courses as well as any other Regis University-sponsored activities that involve PHI and ePHI.

Reminders

Protected health information (PHI) is any information that allows you to associate a person's identity with their health care information. This applies to all forms of media including: paper documents, electronic files and data, course notes, research papers, video and sound recordings, photos, charts, etc. As it pertains to Regis University-sponsored programs, project and activities, the following are reminders of common privacy and security practices for protected health information that must be followed:

- Any personal documents and notes in any form that contains individually identifiable health information on patients you come into contact with as a result of Regis University-sponsored training must be properly protected and its confidentiality must be maintained.
- Regis University students who are training at partner health provider organizations are prohibited from removing documents that contain individually identifiable health information without a written and signed authorization from the health care provider's Health Information Management (HIM) Department or authorized representative ***and*** the proper patient authorization.

Special note on minors—in most cases, minors cannot legally consent or authorize the release of their protected health information.

- Regis University students participating in Regis University-sponsored health care training and research activities must only use de-identified information or limited data sets in any presentations or publications outside of the health care provider organization. (See Appendix A on 'How to de-identify individual health information'.)
- For Regis University students participating in Regis University-sponsored health care training and research activities, the following activities involving individually identifiable health information are explicitly prohibited:
 - Sending such information through unsecure email,
 - Posting such information on any social networking site—regardless of the user account used by the Regis University student, faculty or staff to post the information, and
 - Disclosing such information during classroom discussions and/or presentation.

Policy compliance and sanctions

It is the responsibility of each student to review all aspects of the course syllabus including the Regis University HIPAA Privacy & Security Reminders. In doing so, the student acknowledges that he or she agrees to adhere to these practices. Furthermore, the student agrees not to divulge the contents or to provide access of any examination or assignment to another student in this or ensuing semesters.

All violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. All violations will be reported to the Regis University HIPAA Privacy & Security Committee for review to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, and remedial action as directed by the Regis University HIPAA Privacy & Security Committee.

Reporting requirements

The goals for maintaining rigorous adherence to HIPAA compliance requirements within all Regis University-sponsored programs, projects and activities are designed to:

- Ensure the security and confidentiality of PHI and ePHI as covered by HIPAA;
- Protect against any anticipated threats or hazards to the security or integrity of such information, and
- Protect against unauthorized access, use or disclosure of such information.

It is the responsibility of each student to review all aspects of the course syllabus including the Regis University HIPAA Privacy & Security Reminders. In doing so, the student acknowledges that he or she agrees to adhere to these practices. Furthermore, the student agrees not to divulge the contents or to provide access of any examination or assignment to another student in this or ensuing semesters.

All violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. All violations will be reported to the Regis University HIPAA Privacy & Security Committee for review to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, and remedial action as directed by the Regis University HIPAA Privacy & Security Committee.

[HIPAA Privacy Policy Link:](https://in2.regis.edu/sites/academicaffairs/Academic%20Affairs%20Policies%20and%20Bylaws/Forms/AllItems.aspx)

<https://in2.regis.edu/sites/academicaffairs/Academic%20Affairs%20Policies%20and%20Bylaws/Forms/AllItems.aspx>

How to de-identify individual health information

Health information must be stripped of all of the following elements that identifies the individual, his or her relatives, employers, or other household members

- Names;
- Social Security numbers;
- Telephone numbers;
- All specific geographic location information such as subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- Fax numbers;
- Electronic mail addresses;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints;
- Full face photographic images and any comparable images;
- Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the research data)

CHILD ABUSE REPORTINGc

(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)

Title 19 of the Colorado Revised Statutes (C.R.S.) covers issues relating to the abuse and neglect of children. C.R.S. §19-1-103 Definitions defines the terms “abuse” and “child abuse or neglect” as used in Title 19. Instances of abuse include physical abuse like skin bruising, bleeding, malnutrition, burns, or fractures, and emotional abuse. Abuse also includes “any case where a child is subject to unlawful sexual behavior” C.R.S. §19-1-103(II). Click the statute linked above to see the complete definition of these terms. Article 3 of Title 19 covers dependency and neglect of a child. The statutes in Article 3 include C.R.S. §19-3-102 Neglected or dependent child which lists instances where a child is considered neglected or dependent, and C.R.S. §19-3-304 Persons required to report child abuse or neglect which lists persons required to report possible child abuse or neglect. Instances of neglect under C.R.S. §19-3-102 include when a parent/guardian abandons a child, where a child’s environment is injurious to his or her welfare, when a parent/guardian refuses to provide food, shelter, education, or medical treatment, or where a parent/guardian has subjected the child to continual abuse. Persons required by law to report possible abuse under C.R.S. §19-3-304 include doctors, school personnel, social workers, mental health workers, and clergy members. Click the above links to access these statutes or browse all of the statutes in Article 3 of Title 19 by clicking here.*(Direct quotation retrieved from the University of Denver Sturm College of Law website: <http://www.law.du.edu/index.php/the-colorado-law-project/report-abuse-and-neglect>, on March 24, 2014).*

In general terms, child abuse can be defined as an act or omission that threatens the health or welfare of a child in one of the following ways:

- **Physical Abuse** - Any non-accidental injury to a child by a parent or caretaker that results in bruises, cuts, burns, bone breaks, or death.
- **Sexual Abuse** - Any sexual activity between an adult and a child, including sexual assault, pornographic images, exploitation, or prostitution.
- **Emotional Abuse** - Language or treatment used by a caretaker to make a child feel threatened, unwanted or unloved.
- **Physical Neglect** - Failure to provide adequate food, clothing, shelter, medical care, or supervision for a child.

Marriage and Family Therapists-in-training are mandated reporters of suspected child abuse and/or neglect. In fact, all mental health professionals are considered “mandated reporters” in the state of Colorado. The following website helps clarify what is meant by mandated reporters and what you are required by Law to do in the event that you are made aware of child abuse <https://www.colorado.gov/pacific/cdhs/child-welfare-0>. Additionally, it is suggested that you [complete the following Mandatory Reporter Training at https://www.coloradocwts.com/mandated-reporter-training](https://www.coloradocwts.com/mandated-reporter-training). This training provides detailed information about the process for reporting child abuse and neglect.

The following procedures should be followed when there is suspicion that a child being seen in therapy is being/has been abused, or that a parent/caretaker being seen in therapy is abusing/has abused a child.

If there is suspicion of abuse, but the child in question is not in immediate danger (i.e., if you believe the child will be safe if they are to go home with his or her parents/caretakers), a report

of the suspicion must be made via telephone by the next business day after learning of the possible abuse. A case worker will document your call, and the reporting agency will determine whether to proceed with an investigation. Information about the Colorado Child Abuse and Neglect Hotline can be found at <http://co4kids.org/>. The phone number for the hotline is 1-844-CO-4-KIDS (1-844-264-5437). Be sure you should visit the Mandatory Reporter Training and the <http://co4kids.org/> website in order to be prepared for your phone call. [Reporting phone calls typically take 15-30 minutes](#), so you should be prepared to dedicate sufficient time to the call and have as much information as possible Child Abuse Reporting Form ss8572 (http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) can be used as a resource to [document specifics about the child and report](#).

All reports of child abuse are made via telephone and must be followed by a written report of the call should the intake worker indicate it is necessary. The person placing the call will need to follow-up via email to the email address given by the Intake worker. See form ss 8572 website for template: http://ag.ca.gov/childabuse/pdf/ss_8572.pdf. The email follow-up is used for documentation purposes by the Colorado Department of Human Services (DHS) only. You will also need to complete documentation of your report to DHS in your case notes for the client family or in a separate confidential file if reporting a situation that occurred outside of your work with clients. Any new information that is learned subsequent to the initial report must be communicated via a telephone call to the Colorado Department of Human Services Colorado Child Abuse and Neglect Hotline at 1-844-CO-4-KIDS (1-844-264-5437).

In rare cases, a report of abuse is so grave that a student may believe that it is unsafe for a child to go home with parents/caregivers. In such cases, students should call law enforcement and report their concerns. Law enforcement officials will respond and determine whether to place the child in protective custody. If that occurs, the child will immediately be removed from the parent/caretaker and be placed in the custody of Child Protective Services pending an investigation of the report.

NOTE that ALL Practicum students should consult with their faculty supervisors immediately in the event that a report needs to be completed. If a Practicum student is unsure of whether information received in a therapy session warrants a child abuse report, he or she may call the Intake Supervisor at DHS to discuss the situation. Again, documentation about the communication with intake workers, process followed, and consultation with clinical supervisor is also required to be included in the clients' clinical file.

MAMFT CLINICAL COURSE OVERVIEW

MAMFT Course Overview and Requirements for Practicum

Regis MAMFT students complete a one-semester practicum on campus. They work with individuals, couples and families while being supervised by an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate behind a one-way mirror or video monitor.

Students must apply for Practicum by the application deadlines (See practicum Appendix A):

Fall Semester: **July 1**
Spring Semester: **November 1**
Summer Semester: **March 1**

Students will be registered by the Clinical Administrative Coordinator for two classes (MFT690 & MFT692) which include:

- Clinical work & supervision at either the Regis Center for Counseling and Family Therapy –Thornton or Regis Center for Counseling and Family Therapy -Colorado Springs. This class meets for a 6 hour class period once each week during the semester and includes both the clinical work AND supervision. Specific days and times for practicum vary between semester and assignment to practicum occurs after the application deadline each semester. See **PRACTICUM** section of the manual for more details.
- Time outside of clinical work and supervision to complete case documentation. This typically takes an additional 2-4 hours a week. All of this work must occur on-campus in the HIPPA compliant lab. Hours for the HIPPA lab are the same as campus hours. Students can not access the HIPPA lab when the campus is closed.

MAMFT Course Overview and Requirements for Internship

Students will be registered by the Clinical Administrative Coordinator for one class (MFT 699A, MFT 699B, or MFT 699C)- which includes:

- Approximately 20-25 hours per week at an approved clinical Internship site – This time includes about 10-15 client contact hours each week, individual/triadic supervision with approved site supervisor, documentation, preparation, training, and inservice time.
- Regis Group Supervision- This class meets for 2 hours every week during weekday hours (9-5pm) with a Regis AAMFT Approved Supervisor faculty and a maximum of 8 Regis student interns. Specific days and times for internship sections vary between semester and assignment to internship section occurs after the application deadline each semester. See **INTERNSHIP** section of the manual for more details.

MAMFT CLINICAL HOUR REQUIREMENT OVERVIEW

Students must accrue a minimum of **500** clinical hours in order to complete the clinical component of the MAMFT program. Clinical hours constitute both *direct contact hours* and *alternative hours*.

Of the total 500 clinical hours, students must accrue a minimum of **400 direct contact hours** that include therapeutic contact with individuals, couples, families, and other systems who are physically present.

Of the total 500 clinical hours, students may also accrue a maximum of **100 alternative hours** of clinical activity that are comprised of:

- participating in a reflecting team,

- psycho-educational groups.

Of the 500 total clinical hours, a minimum of **200** hours must be **relational hours**, meaning that they must include therapeutic contact with two or more persons in the room who belong to an existing system outside of the therapy room.

In addition to clinical hours, students must accrue a minimum of **100 supervision hours** under the supervision of an AAMFT Approved Supervisor or Candidate (of which a minimum of 50 hours must include live, audio, and/or video data). Additional hours of supervision can be accrued under a supervisor with the credentials described below, under licensed site supervisors and weekly supervision).

Below is an example of how to complete your clinical and supervision hours in order to finish them in a timely fashion.

Semester	Direct Client Contact Minimums	Supervision Minimums	Alternative Hours Maximums
Practicum	25*	25**	25
Internship A	125*	25**	25
Internship B	125*	25**	25
Internship C	125*	25**	25
TOTALS	400	100**	100

* Must be 40% relational

** Supervision hours must be 50% live supervision (based on live, audio or video data) and meet a 1 to 5 ratio of supervision to direct client contact hours

Direct Client Contact

The following activities are considered direct service:

- Individual adult therapy from a relational perspective
- Group counseling - facilitation or co-leadership
- Child Therapy
- Adolescent Therapy
- Couple/Family therapy or co-therapy
- Psychodiagnostic intake and assessment
- Crisis counseling
- Treatment team facilitation of clinical sessions

Supervision

- On-site individual supervision
- On-site group supervision, if it is offered
- Regis group supervision
- Regis individual/triadic supervision

- Team behind the mirror

Alternative Hours

- Participating in a reflecting team,
- Psycho-educational groups

Non-direct Activities

Non-direct activities are expected, but do not counted towards the hours requirements. They include the following:

- Orientation
- Training/In-service
- Agency Staff meetings
- Case consultation and referral
- Administrative paperwork and documentation
- Clinical observation
- Program evaluation
- Personal psychotherapy hours

Important Ratios

- 40% of direct service hours must be with couples or families (relational)
- Students must receive one hour of supervision for every five hours of direct client contact
- Group supervision must be in groups of eight or fewer interns
- 50% of supervision must be based on live or recorded material, not case report
- At least 100 hours of supervision (50 hours of live supervision) must take place with a Regis faculty-supervisor, who is an AAMFT Approved Supervisor or Candidate

Inappropriate Activities

In a Regis clinical placement, it is inappropriate for Regis MAMFT students to engage in any of the following activities:

- Case management only/milieu management
- Childcare or babysitting of clients' children
- General filing and clerical activities
- Receptionist or secretarial roles
- Providing services to clients after agency hours with no supervisor on site

MAMFT GENERAL INTERNSHIP SITE REQUIREMENTS

A Community Internship Site must meet the following requirements:

- have a current legal co-signed contract with Regis University before assigning an intern to duties at the clinical site
- be an agency which serves underserved populations
- meet Regis' Division of Counseling and Family Therapy standards for clinical training (**see more details below**)
- provide a variety of populations and clinical training modalities
- have no legal or ethical investigations or violations in process
- engage in a face-to-face interview process with prospective interns
- allow no dual relationship with interns (e.g. current or previous supervisor, therapist, family member, or close friend)
- provide a licensed clinical site supervisor
- charge no money for the required supervision
- report any changes in the agency or the supervision to the MAMFT Internship Coordinator and the Regis faculty supervisor
- allow the Regis faculty supervisor to meet periodically with the site supervisor
- send a site supervisor, coordinator, or representative to attend the annual Regis Supervision and Internship Fair if possible

Licensed Site Supervisors and Weekly Supervision

Sites are expected to employ or have contractual agreements with Licensed Clinicians (LMFT, LCSW, LPC, or Licensed Psychologists) who (a) have training and experience working with couples and families, (b) have experience supervising clinicians who are working with couples and families, and (c) who are preferably AAMFT Approved Supervisors who will act as supervisors for our students. Students are required to have a minimum of one hour per week of face-to-face clinical supervision with their primary site supervisor who maintains active licensure status.

Appropriate Disclosure Forms and Releases

Clinical sites are expected to provide the appropriate disclosure forms and releases for the student's use with their clients. The form should disclose the student's intern status and also request permission to audiotape or videotape for training purposes. A generic example of such a form is provided in the Appendix of this manual

American Association for Marriage and Family Therapy Code of Ethics

Students in the MAMFT program are being trained under the AAMFT Code of Ethics and are expected to follow this code of ethics throughout their clinical training.

http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx

Process of Securing an Appropriate Clinical Site

(Begin this process at least **TWO (2) semesters** before you plan to start Practicum)

1. Reflect upon your own professional counseling goals and the clinical population(s) you're most interested in learning about.
2. Check out the list of approved clinical sites on the Clinical webpage – (you will need to sign in to your Regis.net account to access this information:
<https://in2.regis.edu/sites/DCFT/studentportal/Clinical%20Site%20Information/Forms/AllItems.aspx>
3. You will find a listing according to degree program. If you click on the name of the site, a data sheet will open which gives details such as location, contact person, populations served, and hours available.
4. Once you have narrowed your selection, contact the Clinical/Intern Coordinator at that site(s), and arrange for an interview(s).
5. Review “Questions to Ask When Interviewing a Clinical Site” before your interview. (See **following page**)
6. You must submit your PRACTICUM APPLICATION by the deadline indicated (See Practicum, Appendix A of this manual). Students who submit applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment.
7. If your application is approved, the Clinical Administrative Coordinator will register you for your Practicum courses (MFT690/692), which total 6 credit hours.
8. Four semesters of clinical placement are required (Practicum, Internship A, B, and C). These are taken in consecutive order. In certain circumstances, students may need to register for Internship D to complete their hours.
9. Students must complete an INTERNSHIP APPLICATION by the deadline indicated (see Internship, Appendix A, of this manual).
10. If your application is approved, the Clinical Administrative Coordinator will register you for your Internship supervision course (MFT699 A/B/C).

***Questions to Ask When Interviewing a Clinical Site**

***Be knowledgeable of all the requirements of Practicum and Internship as described in the current Clinical Manual before your interview.**

What are the clinical site's expectations of a student in Internship?

Does the site have the resources to offer you the required number of client hours per week for counseling/psychotherapy? Remember 50% of your client contact should be relational. (Case management or filing/administrative tasks may be part of a clinical placement, but ample opportunity for counseling/psychotherapy should be included)

What types of counseling? -- Individual, group, family, children, couples?
(Some variety is recommended)

Can the site provide a supervisor who is licensed (LPC, LSW, PhD, LMFT, Licensed Psychologist or Psychiatrist) with at least 2 years of experience in the area in which they will be supervising you? (AAMFT Approved Supervisor or AAMFT Supervisor Candidate preferred)

Can the site offer one designated hour per week of individual face to face supervision with the licensed supervisor?

Will the licensed supervisor be on site while you are seeing clients? Were an emergency situation to arise, how could you reach your supervisor?

The site may not charge you for supervision.

Will the site require you to attend staffing, consultations, group supervision, and in-service sessions as part of your clinical placement?

Is the site's requirement for hours compatible with your schedule?

Note to the student: The site must be on our approved list of clinical placements (see our INSITE page). It is possible to have a new site approved, if the request is made at least two semesters in advance of when you plan to begin your Practicum. Call the MFT Internship Coordinator to make such a request. Be prepared to research the clinical site you are proposing. (See following page for a detailed description of the Process for Getting Approval for a New Clinical Site).

You will remain at the same clinical site throughout your Internship unless there are some unusual circumstances. Switching sites or group supervision groups depends upon approval of your Practicum or Internship supervisor and the program Clinical Coordinator.

Process for Getting Approval for a New Clinical Site

- 1) Contact the MFT Internship Coordinator to discuss your request and to verify that this site is eligible for consideration. A site will not be eligible if it has been recently evaluated and not approved.
- 2) Make an appointment with the clinical site's Internship Coordinator for an interview with them. Read the Clinical Manual and use the "Questions to Ask When Interviewing a Site" sheet to help you prepare for the interview. Present the "Clinical Site Requirements" (See above) to them at this time, if they have not already received them. The agency must meet these requirements in order to be considered for approval.
- 3) If you feel the site meets your needs and Regis' program requirements, call or email the MFT Clinical Coordinator (see page 4 for contact information) to request a conversation about a possible site evaluation.
- 4) If the clinical site appears to be a good candidate for our program, the previously mentioned Clinical Coordinator will arrange for a site visit evaluation usually by themselves or their faculty designee.
- 5) The Clinical Coordinator or designated faculty site evaluator will write up a Site Evaluation Report and seek input and approval from the Faculty Clinical Committee.
- 6) If the clinical site is approved, then an Affiliation Agreement (legal contract) is initiated and expedited by the program Clinical Administrative Assistant.
- 7) When the Affiliation Agreement has been approved and signed by both Regis legal counsel and the agency's legal representative, and all required documentation is accounted for, the approval process is complete.

LEGALITIES, EXAMS, AND LICENSING

Student Liability Insurance Student Liability Insurance

You will be covered with student liability insurance through Regis University beginning with Practicum and continuing throughout your completion of Internship. If your placement site requests it, a copy for proof of this coverage may be obtained by sending the name and address of your clinical site to the Clinical/Lab Assistant, including the name of the person who needs to receive the document. Students are also required to purchase their own liability insurance. MFT students often use CPH and Associates or AAMFT as their providers of liability/malpractice insurance, but other companies may be available as well. Students can contact AAMFT for additional information on obtaining malpractice insurance.

Workers' Compensation Coverage

You are also provided Worker's Compensation Coverage through Regis University while at an approved clinical site during Practicum and Internship. Please see Practicum Appendix A.

Licensure

Completing a Masters Degree in Marriage and Family Therapy is a major step toward state licensure. The degree itself does not guarantee licensure. Licensure is granted by the state, not by Regis University. Students are responsible for the knowledge about and pursuit of all steps toward licensure.

For details on licensure post graduate requirements, check the Department of Regulatory Agency's (DORA) Licensed Marriage and Family Therapist (LMFT).

During your last semester of Internship, you are highly encouraged to register as a Marriage and Family Therapist Candidate for eligibility in acquiring post-graduate hours toward state licensure. For requirements in this process, please refer to the DORA website.

RELEVANT WEBSITES

Colorado Department of Regulatory Agencies (DORA)

[Verification of site supervisor license](#)

<http://cdn.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-Reg%2FDORALayout&cid=1251632282502&pagename=CBONWrapper>

Ethical Principles and Codes of Conduct

American Association for Marriage and Family Therapy

http://www.aamft.org/imis15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx

Mental Health Statutes

COLORADO MENTAL HEALTH STATUTE [EMERGENCY PROCEDURE](#)

TITLE 19: COLORADO CHILDREN'S CODE PART 3-- [CHILD ABUSE OR NEGLECT](#)

Regis University Division of Counseling and Family Therapy

[Approved Clinical Sites](#)

[Division of Counseling and Family Therapy Student Manual](#)

PRACTICUM

PRACTICUM ON-CAMPUS CLINIC INFORMATION

The Regis on-campus clinics, located at the Thornton and Colorado Springs locations have been established for the Division of Counseling and Family Therapy to provide meaningful professional training for master's and post-master's certificate students in the delivery of traditional and innovative therapeutic services.

Both Regis on-campus clinics are open to Regis University faculty, staff, students and their families as well as members of the community at large. Each provides mental health services to individuals, couples, families, and children/adolescents with a wide variety of mild to moderate mental health issues. Clients complete a phone screen to determine if services are appropriate for their mental health needs. Referrals are given if needed.

Regis Center for Counseling and Family Services
(TH Campus): 303-964-5786
(CS campus): 719-264-7027

HOURS

Clinical hours at the Regis Center for Counseling and Family Therapy (RCCFT) vary, depending on the hours clinical practice are conducted. Practicum hours vary depending on the semester. Hours are subject to change according to university scheduling, client needs, and supervisory availability. Check Web Advisor for details. Appointments with clients during Practicum must be scheduled during class time. Days and times may vary, but practicum is scheduled on a weekday for a 6 hour time block and it occurs once a week for the entire semester. Typically practicum begins in the afternoon and lasts through the evening. Appointments are scheduled according to the university calendar.

NOTE: RCCFT does not have emergency or crisis services, 24-hour services, and is not open on weekends. It is also closed on posted university holidays, for five to six weeks during Christmas and New Years, and for one- two weeks between the semesters.

DEFINITION OF SERVICES PROVIDED

Individual Counseling(ages 3-adult)

Individual counseling assists people in exploring a variety of relationship and personal challenges. Clients may discuss topics such as low self-esteem, depression, anxiety, stress, sexual identity, wellness and lifestyle improvement, abuse issues, grief, and family of origin concerns.

Couples and Family Counseling

Couples and families seek counseling to work on relationship issues. Common themes may include healthy communication, setting boundaries, establishing family rules and expectations, parenting, and grief issues.

Group Counseling

Group therapy offers multiple perspectives, greater opportunities for feedback and support and a setting to practice new behaviors and skills. Sharing ideas and developing coping strategies can be beneficial for people with similar concerns. Some groups that are offered consist of an open-ended format with the primary purpose being personal growth. Other groups have specific themes such as: parenting, depression, social skills for children, building self-esteem, and coping with anxiety.

Play Therapy *requires specific coursework**

Young children (typically ages 3-9) may benefit from play therapy. Play therapy is an effective treatment for younger children who communicate their hopes, fears, and struggles through the medium of play. When children face changes or challenges in their life it may be difficult for

them to express their feelings with words. Through play therapy children may learn how to express their thoughts and feelings in constructive ways, to control their behavior, to make decisions and to accept responsibility for their choices.

PROCEDURES and PAPERWORK

All client records are kept in a HIPAA approved electronic footprint and server maintained by Regis IT department and facilities. Password protected Clinical Computer labs have been established at both the Thornton and Colorado Springs campuses and include computers wherein student counselors enter and maintain clinical records and all other confidential client information. HIPAA Footprint policies and procedures are outlined in syllabi for MFT690 and 692 and are reviewed during the HIPAA compliance training session conducted at the beginning of practicum and required of all faculty and students involved in the counseling clinics.

Pre-Session

In addition to being introduced to general HIPAA policies and procedures during their Ethics course, MFT students are also required to complete a training session wherein they learn about HIPAA policies and procedures specific to our counseling clinics and the Regis University HIPAA server and successfully pass an a quiz before they can see clients (Appendix T: MFT 690-692- pp. 4). This HIPAA training takes place at the beginning of MFT 690/692 Practicum and Practicum Supervision. A HIPAA confidentiality statement must be signed by all staff (students, faculty, and office) who have any contact with clients, their files or associated confidential material. This form should be given to Clinical Administration staff who will store it in a locked cabinet in the main department office.

Phone Intake Form. Information from phone intakes is recorded electronically by the Clinical Administrative Coordinator. These files are distributed to practicum faculty whose students will begin electronic files on the HIPAA footprint for each client.

Log. Available in the Practicum *Clinical Forms database* on the HIPAA Footprint for the recording of all calls and messages received during the semester.

Standard Paperwork & Organization (copies in the appendices)

Typically your client file is closed at the end of the semester; please organize your electronic file according to the instructions outlined in the HIPAA footprint policies and procedures guidelines located in syllabi for MFT690/692.

Forms

Clients Rights Statement Completed by the client(s) at the first session. A signed copy of the form is retained for the files and another copy is given to the client(s).

HIPAA (Health Insurance Privacy and Portability Act) Form. Signed by the client(s) at the first session. The signed copy is retained in the file and the accompanying information sheet is given to the client.

Intake Forms. Completed by the client(s) at the first session. There are different forms for: Individuals, Couple/Family, Child/Play Therapy and the accompanying Consent to Treat a Minor Form

Case Notes. The standard case note is in SOAP format and should be used by all students enrolled in Practicum. Case notes must be completed after each session and filed within 24 hours. One set of notes is sufficient for each family or couple. If individual files are made for each member of a group there must be a note on each client, but that note may not contain identifying information on any other group member as that violates confidentiality. ***Practicum faculty must review and sign all case notes.***

Termination Summary. At the conclusion of services, the termination summary must be completed for your client(s). The summary is to be signed by the Practicum instructor.

D-PHI. Disclosure of Protected Health Information. If it becomes necessary to request information or to provide information to a third party, this form must be completed and signed by the client. It is important that the client understands the implications and limitations of signing this release of information form.

Child Abuse Reporting Form. Should your client provide information about a child being abused, it is your responsibility to report to the the Colorado Department of Human Services Colorado Child Abuse and Neglect Hotline at 1-844-CO-4-KIDS (1-844-264-5437) within 24 hours. A completed form describing the incident and your report should be placed in the client's file.

Life Pledge.The life pledge is to be filled out by the client and therapist together, when there are concerns about the safety of the client or the client is in danger of engaging in self-harming behavior. This form consists of an agreement between the client and therapist that the client will contact individuals/agencies to be noted on the form before engaging in any self-harming behavior.

Verification of Counseling Services. This form is **REQUIRED** for students enrolled in the Division of Counseling and Marriage and Family Therapy program and who are seeking counseling as one of their program requirements. A copy of this form is included in the clients' file and one is provided to the client on that last day of therapy.

Center for Counseling and Family Therapy Facilities:

Secure Clinical Computer Labs: There are password protected clinical computer labs designed for the use of students enrolled in Practicum and who see clients in the counseling labs. All confidential client information will be entered into and maintained in the HIPAA secure electronic footprint on the specific computers located in the Clinical Computer labs ONLY. Each student will have their own password protected account and will be trained on the policies and procedures of using the electronic server and equipment in the computer lab. After necessary information is uploaded to the clients' electronic file, all other information is erased and paper documents are shredded in the clinical computer lab. Other guidelines related to HIPAA Footprint policies and procedures are outlined in syllabi for MFT690/692.

Waiting Area.

Clients are provided a waiting area outside the supervision room where they will be met by the trainee. **Do not ever** discuss client information in this room, or outside of supervision or the supervision room. If a client initiates discussion of private information in the waiting room, please guide them to a counseling room! Clients may not know rules of confidentiality, but you

do, so please educate your clients and provide good modeling for others by respecting these limits.

A telephone is available for you to make brief contact with client(s), and if needed, for the client to use for local calls. Do not use this phone for personal business. Do not conduct sessions on this phone. If you need to use a phone for lengthy conversations with clients or business related to clients, contact a faculty member, preferably your Practicum instructor, to arrange for a more confidential setting in which to call.

Children should not be left unattended in the waiting room (see policy in Appendix E of this section).

Etiquette & Rules for Regis University On-Site Clinics

1. Make sure you contact your client immediately after getting the referral even if a first appointment has already been scheduled. This will help begin to establish the therapeutic relationship and improve the likelihood that clients will attend their first session.
2. Make sure the clinical room is tidy before and after your session. Turn off the lights and close the door when you are finished using it.
3. Be sure to knock on the door before entering a clinical room.
4. Play therapy rooms must be cleaned and organized after **each and every** play therapy or sand tray session.
5. Make sure there is tissue in the room and that the clock works and has the correct time. If these are not the case, notify the practicum instructor.
6. Make sure there is paper/markers/crayons, etc. in the play therapy rooms.
7. Be sure your client knows your name and the number to call if they need to cancel a session. Do not give a personal telephone number.
8. Dress in a professional manner.
9. The assignment of clinical rooms will be done by the practicum instructor.
10. RCCFT uses a 50- minute client session. Be conscientious in observing this time limit because in all likelihood, another therapist will have scheduled the room for the next hour.
11. Be conscientious about the cleanliness of the waiting room. Pick up books and magazines. Throw away garbage. This is a public space and we all play a role in managing its professional appearance.
12. The observation area must be kept clean and orderly. Turn off the video equipment, replace headphones on shelves, replace all chairs and stools, place all books, coats, and backpacks against the wall for safety reasons. Do not consume food in the supervision room. Do not spill drinks.
13. If you find that equipment needs repair, notify faculty as soon as possible.
14. Clients should be seen only during regularly scheduled clinic hours.
15. Clients may not be seen outside of RCCFT, with the exception of community group facilitation.
16. Every client case must be conducted under supervision.
17. If you are seeing clients, in any capacity, you must be enrolled in Practicum or Internship.

AUDIO/VISSUAL (AV) RECORDING POLICY

Storage and Observation of Client Files and AV Recordings

The MAMFT Program requires that a uniform policy be established based on the pertinent ethical codes, the standards of practice at other training programs and the professional literature to protect the interests of this program and the clients we serve.

Confidentiality of materials used to record sessions is addressed. In accordance with ethical standards of practice, the faculty supervisors of the RCCFT are required to guarantee the confidentiality of session audio/visual recordings.

Trainees are responsible for scheduling time in the Clinical Computer Lab to observe their recorded client sessions. Client AV files (and all of their contents) must remain on the HIPAA secure footprint and ONLY be accessed in secure RCCFT areas. Client files and AV counseling sessions can ONLY be accessed from secure computers located in the Clinical Computer Labs located on the Thornton and Colorado Springs campuses. A secure HIPAA server is located on the main campus and maintained by the Regis IT department. If you have questions about this please consult the HIPAA Footprint Policy and Procedures Manual and/or consult the Practicum coordinator or the Practicum instructor. Please NOTE that removal of any documents or materials that pertain to clients can compromise client confidentiality and will compromise your responsibilities.

Note: Secure Counseling Lab areas include: the supervision room, the counseling rooms, your Practicum classroom, the Clinical Computer Lab, and your Practicum instructor's office. Know that access to secure electronic information is only available in the Clinical Computer Labs.

Viewing your audio/visual session: Arrange for a time to utilize the HIPAA secure computers in the Clinical Computer Lab and/or faculty supervisors' offices to observe your recordings. Be certain to use headphones permitting private listening.

Students are allowed to access the Clinical Computer Labs on days and times other than their designated Practicum slot as long as the computer lab isn't already in use by a Practicum class.

Note: Sometimes there are evening courses. Please check with the professor to see if it is okay for you to watch your videotapes. Usually faculty are busy observing sessions and cannot get the file cabinet key for you, so be mindful of this and try to get the cabinet opened before 5 pm. If you decide not to use the space on the date/time you scheduled, please erase the entry so another student can use the room. Typical hours during the semester (not holidays) are Monday through Thursday 9-5.

Password Protected and Secured Areas

Combination locks have been installed in all secure areas of the counseling clinic. Only faculty will have access to the combinations, which will only be shared with students currently enrolled in Practicum. To ensure security, combinations will be changed frequently.

Practicum: Paperwork, Client Files, and Security

All initial intake paperwork, clinical case notes, and subsequent paperwork will be treated in a confidential manner and under HIPAA regulations. Accordingly, ALL client files will be maintained electronically on our HIPAA secure footprint. Paper documents will be scanned into the system and uploaded directly to client files. Practicum students will be given access codes to their HIPAA footprint portal wherein they will be able to access ONLY their clients' files. Note that other documents and consent forms must be completed as the case demands and such documents will also be created electronically and/or directly scanned into the client file. Other consent forms and documents may include, but are not limited to:

1. Client records containing Protected Health Information are retained as if they were real clients.
2. Paperwork includes the standard HIPPA, informed consent, case notes, and intake information. Appropriate information may be released with a D-PHI form.
3. Case notes and informed consent on each client are kept for 7 years.
4. Video/DVD recordings will be destroyed immediately after use and all remaining AV recordings
5. are purged from the system on a monthly basis.
6. Follow all other guidelines outlined in the HIPAA Footprint policies and procedures.

Practicum Application and Requirements

In order to be admitted to clinical placement, a student must do the following:

- **If involved in any remedial process, student must have met the requirements of the remediation plan and must be approved by the Remediation Committee to move forward in the program.**
- Be completely familiar with the Clinical Requirements as described in this manual.
- Successfully complete all pre-requisite courses (see course section on Practicum Application) with a grade of B- or higher.
- Submit a Practicum Application to the MFT Program/Clinical Administrative Coordinator by the designated deadline
- Any zero score in Counseling Techniques I (MFT635) will require some type of remediation.

While in placement a student must do the following:

- Attend all required Regis Group Supervision sessions and successfully complete the requirements of each semester's work (see Syllabi for MFT690/692).
- Discuss any potential "Incomplete" with the Group Supervisor.

Practicum Application Information

Practicum consists of two courses (MFT 690/692) that students take to begin counseling clients under direct, live supervision. There are two parts to Practicum: providing individual, couple, and/or family therapy in the clinic at the Thornton or Colorado Springs campuses, and participating in triadic and group supervision.

For most students, Practicum will begin sometime during their second year of course work in the program. Students must apply for Practicum by submitting the Practicum Application packet to the Clinical Assistant by the following deadlines:

- **Fall Semester: July 1**
- **Spring Semester: November 1**
- **Summer Semester: March 1**

Notification of acceptance to Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2-3 weeks from the Application Deadline date for processing your application. **Please note that you cannot self-register for Practicum.** Since this is an application process and we are creating courses with a specific number of students in each class, we will have the Registrar's Office register students after the application process is complete.

During Practicum, students accrue direct client contact hours with individuals, couples, and families plus live and case report supervision by AAMFT Approved (or Candidate) Supervisors.

Students must complete all requirements for Practicum that are outlined in the Practicum syllabus and the Clinical Manual. Students are also evaluated by their supervisors and a grade of pass or no pass will be assigned by faculty supervisors for Practicum (MFT690/692).

Students will be assigned a specific 6 hour block of time each week at the clinic for 14 weeks. Usual days for Practicum are Monday, Tuesday, Wednesday, and Thursday. 100% attendance in Practicum is required as students must fulfill minimum client contact hours to pass. If you have questions about any of the procedures or requirements for Practicum, contact Andrea Hernandez, Clinical Administrative Coordinator, at ahernandez030@regis.edu for Thornton students, Patti Diffe, Clinical Administrative Coordinator diffe886@regis.edu for Colorado Springs students or Dr. Lindsay Edwards, MFT Clinical Coordinator, at ledwards002@regis.edu.

During the Practicum semester, students must also arrange an Internship. Students apply for Internship positions from approved community Internship sites. Certain placement sites may have specific application deadlines, start dates, and/or orientation seminars.

APPENDIX A



RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS

Division of Counseling and Family Therapy

Master of Arts in Marriage and Family Therapy

Practicum Application

Application Deadlines (please check):

___ Fall Semester: July 1
___ Spring Semester: November 1
___ Summer Semester: March 1

Students who submit completed applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment. Students submitting Practicum applications after the published deadline will be placed on a space available basis but are not guaranteed approval for Practicum course assignment.

Notification of acceptance to a Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2 weeks from the Application Deadline date for processing your application. The assigned group supervisor of each section will provide specific information and guidelines to students registered in their sections. Students whose applications are not accepted may ordinarily reapply for the following semester, unless other pre-requisites are established as part of a remediation process, or they have been terminated from the program. Please note that students who submit a complete practicum application by the published deadline will be contacted by the Compliance Office and requested to submit to a background check.

Email **completed** application packet to dcftclinicalapps@regis.edu in one pdf.

DEGREE: MAMFT

CERTIFICATE: Depth Psychotherapy Child & Adolescent Military Families None

Student's Name: Student _____ ID# (required) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ Cell (____) _____

Regis Email Address: _____

Current Employer Name: _____

Employer Address: _____

Position Held: _____ Supervisor Name: _____

Do you plan to continue employment: _____

_____ I give consent for the Division of Counseling and Family

Student's Signature

Therapy to register me for practicum and/or internship.

If you plan to work with children or adolescents during internship, one of the following courses must be taken prior to or concurrently with Practicum:

- a. MCPY 668 - Play in Family Therapy – offered spring & fall (first 4 weekends)
- b. MCPY 678 – Introduction to Play Therapy- offered spring (last 4 weekends)
- c. MCPY 677 - Counseling Children & Adolescents- offered summer (first 4 weekends)
- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

<u>Courses Completed</u>	<u>Year/Semester</u>	<u>Grade</u>
<u>Theories of Family Therapy</u>	_____	_____
<u>Assessment and Diagnosis</u>	_____	_____
<u>Techniques in Family/Couple Therapy</u>	_____	_____
<u>Professional Orientation / Ethics</u>	_____	_____
<u>Counseling Techniques I *</u>	_____	_____

List other courses relevant to your preparation for Practicum:

To complete your application include the following:

- 1) Cover letter addressing your readiness for the clinical component and your unique skills
- 2) Signed disclosure form for Workman’s Comp Coverage
- 3) Signed HIPAA Privacy & Security Policy & Practices Form
- 4) Proof of (Active) Student Liability Insurance- Attached Copy of “Certificate of Insurance” from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT.)
- 5) Clinical Orientation Certificate

Check List

By initialing each item, you agree it is completed and attached in your application. Incomplete applications will not be accepted. Note: You will be registered for Practicum by the Clinical Administrative Coordinator. You will not self-register

- ____ Completed application form
- ____ Cover letter
- ____ Signed Workman’s Comp Disclosure Form
- ____ Signed copy of HIPAA Privacy & Security Policy & Practices
- ____ Copy of “Certificate of Insurance” EXP DATE: ___/___/_____
- ____ “I have read the clinical manual and understand what I have read”.
- ____ Clinical Orientation Certificate (Orientations offered once each term)

Student’s Signature

Date



WORKMANS COMPENSATION DISCLOSURE FORM
(REQUIRED WITH PRACTICUM APPLICATION)

As a Practicum or Internship student you are covered by Regis University employee Worker's Comp while at your clinical site placement. In the event of an injury at your clinical site, immediately contact your direct supervisors and the Regis Department of Human Resources: 303-458-4161. The following WCI information is also found on the Regis web page: Insite> Human Resources> Employee Benefits> Workers' Compensation. Click on links for forms and current provider lists.

Read the following information and return signed/dated copy with Practicum Application:

WORKERS' COMPENSATION INSURANCE

Regis University provides workers' compensation insurance at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Employees who sustain work-related injuries or illnesses should inform their supervisors immediately.

Contact for questions or to report an injury/illness:
Human Resources
303-458-4161
hrinfo@regis.edu

Very Important - If there is a medical emergency, please dial 911 immediately. The first priority is to get the injured employee medical assistance.

Injuries/illnesses should be reported to the Human Resources Department as soon as possible - no matter how insignificant you feel they may be.

HOW TO REPORT AN INJURY OR ILLNESS

Step One:

- Notify your direct supervisor and the Department of Human Resources IMMEDIATELY.
- Human Resources can help you with selecting a provider, completing the necessary forms and providing authorization to a selected provider.
- *If the Human Resources Department is closed, please proceed to the next steps and notify Human Resources when the office opens.*

Step Two:

- Complete a First Report of Injury form [[Click Here](#)] and submit to the Human Resources Department within 48 hours of the injury.

Step Three:

- If medical attention is needed, select a designated medical provider from the list provided [[Click Here](#)].
- Once a provider has been chosen, complete the Designated Medical Provider form [[Click Here](#)] and return it to the Human Resources Department.
- *Please note that you must only visit a provider that is included on the designed list (unless there is an emergency). Failure to do so may result in your visit not being covered by workers' compensation insurance.*

I, _____ (print name), have received, read, and understand the information provided to me regarding my Worker's Comp benefits with Regis University.

Student Signature

Date



Acknowledgment of Regis University HIPAA Privacy & Security Policy & Practices

By signing this form, I acknowledge that I have read and understand my responsibilities for following and abiding to the Regis University privacy and security policies and practices for Protected Health Information (PHI) and Individually Identifiable Health Information. Furthermore, I agree not to divulge the contents of or to provide access to any student documents in my possession that contain PHI or IIHI to another student during the current or ensuing semesters.

In the event I become aware of the unauthorized use or disclosure of PHI or ePHI that is under the control and protection of Regis University, I will report the incident within 5 days of discovery to:

Sheila Carlon, HSA Division Director
Regis University
3333 Regis Blvd.
Denver, CO 80221
303 458 4108
PrivacyOfficer@Regis.edu

I understand that all reported violations are reviewed by the Regis University HIPAA Privacy & Security Committee to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. I understand these sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, termination from the program or other remedial actions as directed by the Regis University HIPAA Privacy & Security Committee.

Signature: _____

Printed Name: _____

Date: _____

APPENDIX B GUIDELINES FOR DEALING WITH A CRISIS

Emergency Management/Crisis Situations

Crisis Management

The following is a suggested five-step approach to handling crises. People are unique, of course, and no "approach" can be expected to be completely satisfactory in every situation. It does, however, provide a framework to begin to understand how to interact with persons in crisis.

Step 1. Present yourself as a person who cares. Stay calm. Essentially, you are saying to the person, "Tell me what is going on for you." Contrary to what conventional wisdom says, it is people who influence the sequence of reactions to crisis, and not the crisis, which influences the reactions of the people.

Step 2. Invite the person to talk. You might ask a question such as, "How can I be of help?" It is better for the person to volunteer information than to ask a series of probing questions. If the person does not volunteer, you might ask some information gathering questions (What happened? Have you talked to anyone about it? Do you want to talk now?) as a way to get started. Avoid telling the person what they need. For example, avoid: "You just need to calm down."

Step 3. Get help. Involve other people, such as supervisors or faculty. Don't rely on yourself alone.

Step 4. Action for the client. Perhaps ask: "What can you do that will help reduce your crisis and provide a little light at the end of the tunnel?" People in crisis may have "tunnel vision" and are unaware of the people and resources that can help them. Your calm approach and involving other people can lessen the "threat" and open up potential resources.

Step 5. Follow-up. Keep checking in with the person from time-to-time. Continue to check in for about three months, if possible.

Suicide Assessment and Treatment:

Responding to a potentially suicidal person

The counselor's initial task is to determine the lethality of the suicidal ideation. It is the therapist's responsibility to investigate thoroughly all aspects of the following indicators. Contrary to some individual's beliefs, a caring person who inquires as to whether or not they are suicidal does not drive people to suicide. Consultation is essential when assessing a suicidal client.

- 1) Important questions to ask a potential suicidal person
 - a) Have your problems been getting you down so much lately that you've been thinking about suicide?
 - b) How would you kill yourself?
 - (S) – How **specific** is the plan?
 - (A) – Is the method **available** to the person?
 - (L) – Is the proposed method **lethal**?
 - c) Do you have the means available?
 - d) Have you ever-attempted suicide before?
 - (C) – **Chronology**: How long ago was it? The more recent, the greater the risk.
 - (A) – **Awareness** of Lethality: Did the person believe the method was lethal?
 - (R) – **Rescue**: Did the person assist in the rescue or attempt in a place where they would likely be discovered?
 - (L) – **Lethality**: How lethal was the method?
 - e) Has anyone in your family ever attempted or completed suicide?
 - f) What are the odds that you will kill yourself?
 - g) What has been keeping you alive so far?
 - h) What do you think the future holds in store for you?
- 2) Intervention with a suicidal person

- a) Establish a relationship with the person
 - i) Reinforce the person for making contact
 - ii) Be accepting and non-judgmental
 - iii) Try to sound calm, confident, and concerned
 - iv) If it is a telephone call, try to get as much information as possible;
 - v) Name, location, age, is someone close by (who, how to contact), drug or alcohol
 - b) Assess the degree of risk
 - i) Use the SAL system
 - ii) If it is an emergency:
 - iii) Act decisively and with determination.
 - iv) Try to remove the weapon or method but not physically.
 - v) Do not leave the person alone.
 - vi) If a telephone call – obtain help of paramedics and police.
 - c) If it is not an emergency:
 - i) Try to identify the major problem.
 - ii) Assess available resources. Ask about friends, neighbors, and relatives who might be helpful.
 - iii) Ask about previous successful coping skills.
 - iv) Find out what has been keeping the person living so far.
 - v) Mobilize the person’s resources – Surround the person with a wall of caring people (minister if religious, neighbors, friends, family, and physician).
- 3) Do’s of suicide intervention
- a) Try to be positive and emphasize the most desirable alternatives.
 - b) Try to be calm and understanding.
 - c) Use constructive statements to help separate confused feelings and define problems.
 - d) Mention the person’s family, friends, minister, and neighbors as sources of strength and help. If any of these are rejected, back off quickly and move on to others.
 - e) Emphasize the temporary nature of the person’s problems. Explain how the crisis will pass in time.
- 4) Don’ts of suicide intervention
- a) Don’t sound shocked by anything the person tells you.
 - b) Don’t stress the shock and embarrassment that the suicide will be to the family before being certain that this is not exactly what the person hopes to accomplish.

Managing the Suicidal Client

Each suicidal person is unique and must be evaluated within the context they present. The following is a general outline that may be helpful in managing the suicidal client.

- 1) It is important to deal with all presenting problems but it is critical to address the major concern of suicide first. Often putting the other problems on hold until after the crisis is appropriate.
- 2) During the initial crisis counselors must be active and take responsibility because the client may not be in a position to make decisions on their own. Counselors may have to assume the authoritarian role in the relationship until the client is able to resume self-responsibility.
- 3) Controlling impulses – The least restrictive, effective alternative must be employed with the client to control impulses. In some cases that may mean a personal contract whereas in other situations a referral for assessment of medication and/or hospitalization is appropriate. Utilization of other community resources, such as police and designated mental health professionals must be considered.
- 4) Health professional must be consulted.
- 5) Plan of action is dependent on circumstances and may include the following interventions:
 - a) Mild Risk interventions based on coping with self-harming impulses
 - i) Ask for a no-harm contract (see Life Pledge form)
 - ii) Anxiety reduction
 - iii) Alternative ways of coping through crisis

- iv) Mobilizing social support
 - (1) Ask for the number of a family member or friend that you can call to support them.
- v) Learning new life skills including problem-solving, decision-making skills.
- vi) Learning new situational skills
 - (1) Intervening in negative thought and feeling process.
- vii) Develop a Crisis Response Plan
- viii) On-going suicidal assessment and follow-up particularly after there seems to be an apparent period of improvement. It is common for clients who respond to treatment, particularly psychotropic medications, to gain enough strength to carry out a decision to commit suicide whereas before they had insufficient energy to do so.
- b) Moderate Risk interventions: Includes all of 5a above and additionally consider;
 - i) Evaluate for possible short-term hospitalization.
 - ii) Increase frequency of outpatient visits.
 - iii) Increase availability of resources (e.g., phone contacts; emergency response plan, Identify Support group).
 - iv) Contacting significant others to develop a network
 - v) Remove lethal means.
 - vi) Emphatically instruct not to commit suicide.
 - vii) Emphasize that suicide is not a good solution; emphasize hope.
 - viii) Clarify conditions under which client should pursue additional interventions (e.g., emergence of intent).
- c) Severe-Extreme Risk intervention: These clients need swift and directive intervention. A direct but supportive manner of action is needed to ensure their safety. Such actions may involve contacting the police to transport client to hospital for evaluation. Client should be informed of the manner of action.

Common Failures in Suicide Assessment:

1. Failure to document. **Document the following:**
 - a. Conducted thorough suicide assessment (report specific findings).
 - b. Obtained relevant historical information.
 - c. Obtained previous treatment records (or have sent for them).
 - d. Directly evaluated suicidal thoughts and impulses.
 - e. Consulted with supervisor.
 - f. Discussed limits of confidentiality.
 - g. Implemented appropriate suicide interventions.
 - h. Provided appropriate resources to the client (e.g., phone numbers)
 - i. Contacted authorities (e.g., police, hospital) and family members.
2. Failure to evaluate for suicide risk at intake and subsequently throughout treatment when risk indicators are present.
3. Inadequate history-taking or failure to secure previous records.
4. Failure to evaluate the adequacy of current interventions.
5. Failure to clearly specify treatment plan including criteria for hospitalization.
6. Failure to safeguard the outpatient environment.

DEALING WITH DANGEROUS OR AGGRESSIVE BEHAVIOR

General Principles

1. Safety first: Protect yourself and others
2. Enlist the help of supervisors and peers if possible
3. Maintain calm but firm tone of voice and body language
4. Resist provocation to anger (but be aware of your own emotions). Remember that aggression begets aggression.
5. Set limits on dangerous behavior in a non-threatening manner
6. Attempt to de-escalate the situation by “talking down” the individual
7. Don’t argue with delusions!

8. Time is your ally in most circumstances
9. Make only calm, deliberate motions
10. The stressed person's ability to reason abstractly disintegrates, and he/she will respond more to isolated stimuli and less to context of the situation.
11. Assaultive patients are looking for controls and reassurances that they will receive help and will not have to do anything they will be ashamed of or embarrassed about later.
12. Never challenge the individual's self-esteem. Rather, support his/her ability to remain calm, cooperative and in control.
13. Pay attention to your gut! Temper your emotional reaction with rational thinking
14. Interventions which decrease the perceived threat and diminish feelings of impotence have the greatest chance for success.
15. Never try to set limits on feeling, only on actions. You have to help the client differentiate between feelings and actions.
16. Avoid win-lose, right-wrong situation. Calmly repeat limits and present reality. Be firm, but understanding. Do not shout, argue, or become emotionally involved.
17. Do not corner the individual physically or psychologically. Withdraw from power struggles. Use logical and natural consequences, rather than reward and punishment. Offer choices, enlist cooperation. If at all possible, allow someone to "save face."
18. Provide truthful reassurance and do not make promises you can't keep.

Statutory Standard for Determining Whether an Individual is "Dangerous to Self or Others"

Remember that in 2013, the Colorado Legislature changed the standard for 72-hour holds and for hospitalization of clients. The term "imminent danger" is no longer used, due to the fact that it was found to be too confusing. The new definition, which replaces it, uses the term "danger to self or others". C.R.S. 27-65-102(4.5) defines a person who is a "danger to self or others" as follows: a. With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats or by attempts at suicide or serious bodily harm to himself or herself; orb. With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in a reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question. Consult your supervisor.

Concerns about a client who may have been abusing substances prior to session

If you suspect that your client has been abusing substances prior to coming to the session, you will ask:

1. How did you get to the Center today?
2. How much did you use/drink today?
3. What did you use/drink today?

It is inappropriate to conduct therapy or a psychological assessment with a client who is under the influence of alcohol or drugs. In this situation, you must inform your client that you cannot have a regular session, and that you will meet at another time, when he or she is sober. You must determine:

1. Is there a friend or relative available to give your client a safe ride home?
2. Will the client be safe after he or she has gone home?
3. If the client does not have a ride, the faculty supervisor or trainee will call a taxi to take him/her home. If the client responds negatively and refuses to wait for the ride, the trainee will inform the client that the police will be called to assist. Then the supervisor will call the Police and inform them that the client is under the influence and intending to drive home.
4. If the client is willing to wait for a ride, the trainee will wait with the client in a counseling room and must assure that the client has safe transportation home.
5. Make your supervisor aware of the situation.
6. Document everything carefully!

FIRE EMERGENCIES (EMERGENCY ACTION PLAN)

Fire: If you discover or suspect a fire, warn other occupants by knocking on doors and shouting “fire” as you leave the building. Try to rescue others ONLY if you can do so safely. Move away from the buildings and out of the way of the fire department. Don’t go back into the buildings until the fire department says it is safe to do so. Dial 911 and give as much information as possible to the operator.

You may attempt to put out the fire if you have been trained in and are comfortable with using a fire extinguisher. Otherwise, immediately evacuate. Hazardous equipment or processes should be shut down before leaving unless doing so presents a greater hazard. Remember to close all doors.

Evacuate via the nearest exit. After you have left the building, go to a pre-designated assembly point (discuss with faculty supervisor) and remain there. At the assembly point, supervisors account for personnel and report any that are unaccounted for to the Police and/or the fire department.

During any emergency, clients, students and visitors who may not be familiar with this plan must be informed of the requirement to evacuate. Special attention should also be given to persons with disabilities, especially those who are clients, visitors or unfamiliar with the building.

APPENDIX C

Introduction to Session with “Clients”

[You will be meeting the client in the waiting area. Introduce yourself to him/her and offer to shake their hand. You will walk the client to the counseling room.]

1. Thank you again for coming in.
2. I am a therapist-in-training in the masters in marriage and family therapy program at Regis and this is a class in which we begin to work with clients.
3. There are a few things I need to go over with you before we get started.
 - a. Because I am a therapist-in-training, feedback is important to me and the best way for me to get that feedback so I can be a better therapist is to be observed and recorded. Reviewing these recordings allows me to finetune my work.

Therefore, we’re being videotaped. In another room, my supervisor and classmates will be watching this session so that they can give me feedback on my therapeutic skills.

- b. We may be interrupted during the session so that I might go into the feedback room for several minutes to receive feedback.
 - c. After the semester is over, the recordings will be destroyed. The disclosure form and case notes from this session will be placed on file in secure locked files for a period of seven years, after which they will be destroyed.
4. [Confidentiality]
 - a. [Code of Ethics] As MFTs, my supervisor, my classmates, and I are bound by a code of ethics and therefore everything in this session will be confidential.
 - b. [Exceptions] The exceptions to that are if I should become aware that you are in danger of killing yourself or if someone else is in danger of being hurt. In those situations, I am ethically bound to talk with my supervisor so that whoever is in danger may be protected.
5. Tell me what brought you to therapy and how I can help.

Additional Instructions:

- Do not go over 50 minutes
- Walk the client back to the waiting area – DO NOT continue to discuss counseling issues after leaving the counseling room. Also, DO NOT stand around the waiting area or outside of the building chatting.

APPENDIX D CHILD ABUSE REPORTING

(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)

Title 19 of the Colorado Revised Statutes (C.R.S.) covers issues relating to the abuse and neglect of children. **C.R.S. §19-1-103 Definitions** defines the terms “abuse” and “child abuse or neglect” as used in Title 19. Instances of abuse include physical abuse like skin bruising, bleeding, malnutrition, burns, or fractures, and emotional abuse. Abuse also includes “any case where a child is subject to unlawful sexual behavior” C.R.S. §19-1-103(II). Visit the **Colorado State Statutes** to see the complete definition of these terms. Article 3 of Title 19 covers dependency and neglect of a child. The statutes in Article 3 include **C.R.S. §19-3-102 Neglected or dependent child** which lists instances where a child is considered neglected or dependent, and **C.R.S. §19-3-304 Persons required to report child abuse or neglect** which lists persons required to report possible child abuse or neglect. Instances of neglect under C.R.S. §19-3-102 include when a parent/guardian abandons a child, where a child’s environment is injurious to his or her welfare, when a parent/guardian refuses to provide food, shelter, education, or medical treatment, or where a parent/guardian has subjected the child to continual abuse. Persons required by law to report possible abuse under C.R.S. §19-3-304 include doctors, school personnel, social workers, mental health workers, and clergy members. To access these statutes or browse all of the statutes in Article 3 of Title 19 click [here](#).

In general terms, child abuse can be defined as an act or omission that threatens the health or welfare of a child in one of the following ways:

- **Physical Abuse** - Any non-accidental injury to a child by a parent or caretaker that results in bruises, cuts, burns, bone breaks, or death.
- **Sexual Abuse** - Any sexual activity between an adult and a child, including sexual assault, pornographic images, exploitation, or prostitution.
- **Emotional Abuse** - Language or treatment used by a caretaker to make a child feel threatened, unwanted or unloved.
- **Physical Neglect** - Failure to provide adequate food, clothing, shelter, medical care, or supervision for a child.

Marriage and Family Therapists-in-training are mandated reporters of suspected child abuse and/or neglect. In fact, all mental health professionals are considered “mandated reporters” in the state of Colorado. The following website helps clarify what is meant by mandated reporters and what you are required by Law to do in the event that you are made aware of child abuse <https://www.colorado.gov/pacific/cdhs/child-welfare-0>. Additionally, it is suggested that you complete the following Mandatory Reporter Training at <https://www.coloradocwts.com/mandated-reporter-training>. This training provides detailed information about the process for reporting child abuse and neglect.

The following procedures should be followed when there is suspicion that a child being seen in therapy is being/has been abused, or that a parent/caretaker being seen in therapy is abusing/has abused a child.

If there is suspicion of abuse, but the child in question is not in immediate danger (i.e., if you believe the child will be safe if they are to go home with his or her parents/caretakers), a report of the suspicion must be made via telephone by the next business day after learning of the

possible abuse. A case worker will document your call, and the reporting agency will determine whether to proceed with an investigation. Information about the Colorado Child Abuse and Neglect Hotline can be found at <http://co4kids.org/>. The phone number for the hotline is 1-844-CO-4-KIDS (1-844-264-5437). Be sure you should visit the Mandatory Reporter Training and the <http://co4kids.org/> website in order to be prepared for your phone call. Reporting phone calls typically take 15-30 minutes, so you should be prepared to dedicate sufficient time to the call and have as much information as possible Child Abuse Reporting Form ss8572 (http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) can be used as a resource to document specifics about the child and report.

All reports of child abuse are made via telephone and must be followed by a written report of the call should the intake worker indicate it is necessary. The person placing the call will need to follow-up via email to the email address given by the Intake worker. See form ss 8572 website for template: http://ag.ca.gov/childabuse/pdf/ss_8572.pdf. The email follow-up is used for documentation purposes by the Colorado Department of Human Services (DHS) only. You will also need to complete documentation of your report to DHS in your case notes for the client family or in a separate confidential file if reporting a situation that occurred outside of your work with clients. Any new information that is learned subsequent to the initial report must be communicated via a telephone call to the Colorado Department of Human Services Colorado Child Abuse and Neglect Hotline at 1-844-CO-4-KIDS (1-844-264-5437).

In rare cases, a report of abuse is so grave that a student may believe that it is unsafe for a child to go home with parents/caregivers. In such cases, students should call law enforcement and report their concerns. Law enforcement officials will respond and determine whether to place the child in protective custody. If that occurs, the child will immediately be removed from the parent/caretaker and be placed in the custody of Child Protective Services pending an investigation of the report.

NOTE that ALL Practicum students should consult with their faculty supervisors immediately in the event that a report needs to be completed. If a Practicum student is unsure of whether information received in a therapy session warrants a child abuse report, he or she may call the Intake Supervisor at DHS to discuss the situation. Again, documentation about the communication with intake workers, process followed, and consultation with clinical supervisor is also required to be included in the clients' clinical file.

UPDATE REGARDING ELDER ABUSE REPORTING

(See Colorado State Statutes or Colorado Department of Human Services web page for complete information)

In 2013, the Colorado Legislature adopted a new statute, which requires the reporting of abuse and exploitation of elders, 70 years of age or older. The effective date for this statute, C.R.S. 18-6.5-108, is July 1, 2014. Therefore, the mandated reports must be made after that date.

Professionals who are required to report the abuse of an older adult include physicians, medical doctors, registered nurses, psychologists, mental health professionals, and hospital personnel, as well as long-term care facility personnel engaged in the admission, care, or treatment of patients. Other professionals who must report the abuse of older adults pursuant to this new statute include dentists, law enforcement personnel, court-appointed guardians and conservators, pharmacists, Community-Centered Board staff, personnel of banks, savings and loan associations, and other financial institutions, caretakers at care facilities and caretakers who provide home healthcare.

The types of abuse or exploitation of older adults, 70 years of age or older, which must be reported, pursuant to the definitions contained in Section 18-6.5-102 are as follows:

1. Abuse means the “non-accidental infliction of bodily injury, serious bodily injury, or death; confinement or restraint that is unreasonable under generally accepted caretaking standards; sexual conduct or contact; and caretaker neglect.”
2. Exploitation for purposes of this statute means an act or omission committed by a person who “uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive and at-risk elder of the use, benefit, or possession of his or her money, assets or property”; or who, in the absence of legal authority, “employs the services of a third party for the profit or advantage of the person or another person to the detriment of the at-risk elder”; or who “forces, compels, coerces, or entices an at-risk elder to perform services for the profit or advantage of the person or another person against the will of the at-risk elder”; or “misuses the property of an at-risk elder in a manner that adversely affects the at-risk elder’s ability to receive healthcare or healthcare benefits or to pay bills for basic needs or obligations.”
3. Caretaker neglect means “neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for an at-risk adult or an at-risk elder or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; except that the withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, and artificial nutrition and hydration, in accordance with any valid medical directive or order or as described in a palliative plan of care shall not be deemed caretaker neglect.

Reporting Procedures for Elder Abuse

In compliance with C.R.S. 18-6.5-108, a person “who observes the abuse or exploitation of an at-risk elder . . . or who has reasonable cause to believe that an at-risk elder has been abused or exploited or is at imminent risk of abuse or exploitation shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery.”

Thus, pursuant to this new law, those required to report elder abuse or exploitation are those professionals who have witnessed it or who have “reasonable cause to believe” that an elder 70 years of age or older has been abused or exploited or is at risk of imminent abuse or exploitation. The standard is not to report suspected abuse or neglect.

A best practice would be to disclose to the older adult that a report will be made, and to obtain written acknowledgement, if possible, from the older adult that a report is going to be made. Following efforts to inform the older adult of your need to report and obtain acknowledgement, you will want to contact the law enforcement agency where the older adult resides to report that the older adult is being abused, neglected, or exploited. Visit Adult Protective Services at <http://www.coloradoaps.com/> for more information about reporting requirements. A professional making the report should document carefully all of the information obtained regarding the abuse or exploitation reported, the identities of witnesses to the abuse or exploitation, and all information concerning the reporting process, including the name of the law enforcement official to whom the report was made.

Failure to report abuse or exploitation of an older adult who is 70 years of age or older will be a criminal offense, classified as a misdemeanor.

Mandatory Duty Exists to Report Abuse of At-Risk Adults with IDD

In compliance with the provisions of C.R.S. 2-3.1-102 (1) (a.5), mental health professionals and other health care providers are now required to report abuse of at-risk adults with IDD (Intellectual and Developmental Disabilities). Those covered under this law have “a disability that manifests before the person reaches twenty-two years of age, that constitutes a substantial disability to the affected person, and that is attributable to mental retardation or related conditions, which include cerebral palsy, epilepsy, autism, or other neurological conditions when those conditions result in impairment of general intellectual functioning, or adaptive behavior similar to that of a person with mental retardation “(C.R.S. 25.5-10-202 (26)(a).

<https://www.colorado.gov/pacific/cdhs/report-abuse-older-adult>

Statutory Standard for Determining Whether an Individual is “Dangerous to Self or Others”

In 2013, the Colorado Legislature changed the standard for 72-hour holds and for hospitalization of clients. The term “imminent danger” is no longer used, due to the fact that it was found to be too confusing. The new definition, which replaces it, uses the term “danger to self or others”.

C.R.S. 27-65-102(4.5) defines a person who is a “danger to self or others” as follows:

- a. With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats or by attempts at suicide or serious bodily harm to himself or herself; or
- b. With respect to other persons, that the individual poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in a reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question.

Definition of “Gravely Disabled”

In 2013, the Colorado Legislature also changed the definition of the term “gravely disabled”. The MAMFT Practicum/ Internship Manual 11/2020

definition of this term, contained in C.R.S. 27-65-102(9) means “a condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in substantial bodily harm. A person of any age may be ‘gravely disabled’, but such term does not include a person whose decision-making capabilities are limited solely by his or her developmental disability.” As set forth in Section 27-65-105, a 72-hour hold may be sought for a person who is gravely disabled under this definition.

Welfare Checks by Law Enforcement

A generally accepted practice nationwide, when therapists are concerned about the safety of clients who may be suicidal or threatening harm to themselves, is to contact a law enforcement agency in order to request a welfare check. In order to avoid an accusation that requesting a welfare check by a therapist constitutes a breach of confidentiality or a HIPAA violation, a Client Disclosure Statement needs to inform the client that the therapist’s policy is to request a welfare check through law enforcement in the event that the therapist becomes concerned about the client’s safety or welfare. The Disclosure Statement is designed to obtain the client’s consent to the therapist’s practice of obtaining a welfare check, as needed, from law enforcement. When the client signs the Disclosure Statement, providing informed consent for a welfare check to be conducted, the therapist need not worry about a potential breach of confidentiality. This would enable the therapist to explain to law enforcement, while requesting the welfare check, the specific concern of the therapist.

APPENDIX E

SUPERVISION OF CHILDREN

To ensure the safety of children who are seen at The Regis Center for Counseling and Family Therapy and to make sure that others who work near The Regis Center for Counseling and Family Therapy will not be disrupted, we ask that you follow these guidelines when bringing your child to the clinic:

1. Children must be accompanied by an adult at all times except during the child's meetings with the therapist.
2. Parents are responsible for waiting with their children in the waiting room until the child's counselor arrives. Children must not be dropped off or picked up outside the building.
3. Children must sit or play quietly while in the waiting room.
4. It is recommended that parents remain in the waiting area until the child's session is over. However, if you must leave for any reason, please inform the child's therapist and return before the session is over. The clinic staff cannot be responsible for supervising unattended children.

We thank you for your efforts at following the guidelines, as this will create an environment where all children and adults are comfortable. If you have any questions about these guidelines, please speak with a supervisor.

APPENDIX F
Guidelines for Everyone Using the Toys and/or Sandtrays

The therapy rooms are purposefully designed and toys are intentionally selected. Please do not remove toys from one room to use in another room. If a toy is in the collection for one room and you would like to use it in another, please let your instructor or supervisor know; if possible we will purchase the item. If you need to furnish a room because multiple sessions are scheduled, use the portable play therapy kit. Consistency from session to session is an important aspect of play therapy. When you use the “traveling toys” be sure to return everything to so they will remain available.

The therapy rooms should be cleaned and toys put in their proper places after each session. The toys are children's words--they should not need to search in order to find them more than once! The playroom should present an image of order and consistency.

If something needs to be cleaned (e.g., if a child puts something in his or her mouth) please properly sanitize the item and return it to its proper place.

The sand tray figures should only be used in the sandtray area, and only sandtray figures should be used in the sand tray. Other toys should not be used in the sand trays.

When a sand tray is used, please return all figures to their appropriate places before leaving the area. Sand tray items should be placed in their appropriate categories (e.g., domestic animals and family figures).

Under no circumstances should a client enter the room and find toys in the sand tray. This is like leaving a client's file on the table for another client to view.

When something is broken, notify your supervisor or instructor.

The therapy rooms should not be used as a place for children to play while waiting for their parents. If you need to provide a place for children to wait while you confer with their parents, use another room with toys made available for that purpose.

APPENDIX G

REGIS UNIVERSITY																		
Documentation of Clinical Experience Hours: MFT Practicum/Internship																		
Semester Dates:	01/00/00	To:	01/00/00	Regis Supervisor:	0													
Student Name:	0							Site Name:	0									
Practicum or Internship	0							Internship Site Supervisor:	0									
Week of Semester	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Subtotal	
Direct Contact Hours																		
Non Relational Therapy Hours																		
Individual Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Therapy with Individuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Child Play Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Relational Therapy Hours																		
Couple/Conjoint Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Therapy (No Play Therapy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Therapy with Family/Couples/Relationships	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Family Play Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Client Contact Hours:																		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Alternative Hours																		
Non Relational Alternative Hours																		
Relational Alternative Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Alternative Contact Hours:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Service Hours:																		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Supervision Hours																		
Live Hours (behind mirror, video, audio)																		
Individual/Triadic (≤ 2 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group (3-8 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Case Report Hours (verbal report)																		
Individual/Triadic (≤ 2 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group (3-8 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Supervision Hours:																		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Signatures																		
Student:	_____							Date:	_____		Site Supervisor:	_____					Date:	_____
Faculty Supervisor:	_____							Date:	_____		Therapist:	_____					Date:	_____
Hours at a Glance																		
Total Service Hours:	0																	
Total Direct Client Contact Hours:	0																	
Total Alternative Hours:	0																	
Total Supervision Hours:	0																	
Total Live Hours:	0																	
Total Case Report Hours:	0																	
**Maximum of 100 Alternative Hours count toward Total Service Hours. Any hours over 100 will not count																		

RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS

DIVISION OF COUNSELING AND FAMILY THERAPY Marriage and Family Therapy Clinical Competency Evaluation

Check One: Individual/Triadic Supervisor Faculty Group Supervisor Site Supervisor

Check One: Practicum Internship A Internship B Internship C

Student Therapist Name: _____ Semester: _____

Person Completing Form: _____ Date: _____

PROFESSIONALISM & ADMINISTRATIVE COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 1.3.4, 1.3.5, 1.3.6, 1.3.8, 1.4.1, 1.5.2, 1.5.3, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.3, 2.4.4, 2.5.1, 3.1.4, 3.3.1, 3.3.8, 3.3.9, 3.4.3, 3.4.5, 3.5.1, 3.5.3, 3.5.4, 4.3.8, 4.4.5, 4.5.1, 4.5.2, 5.1.1, 5.1.2, 5.1.3, 5.3.2, 5.3.3, 5.3.4, 5.4.2, 5.5.1; AAMFT Code of Ethics: 1.2, 1.3, 1.10, 1.12, 2.1, 2.2, 2.4, 2.5, 2.6, 2.7, 3.4, 3.5, 3.7, 3.8, 3.9; Educational Outcomes: SLO-3)

Therapist's ability to fulfill practicum/agency responsibilities and coordinate a caseload

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets		Exceptional
		Expectations		

1. Therapist completes all paperwork requirements satisfactorily (AAMFT Core Competencies: 1.3.1, 1.3.4, 1.3.5, 1.5.2, 3.5.3, 5.1.1, 5.1.2, 5.1.3, 5.3.3, 5.3.4, 5.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

2. Therapist complies with clinical setting policies and procedure (AAMFT Core Competencies: 1.3.4, 1.5.3, 5.1.3, 5.3.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

3. Therapist provides referrals when appropriate (AAMFT Core Competencies: 1.2.3, 1.3.8, 1.4.1, 3.1.4, 3.3.1, 3.3.8, 3.3.9, 3.5.1, 4.3.8, 4.4.5)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

4. Therapist is professional in interactions with peers and supervisors (AAMFT Core Competencies: 1.3.6, 1.3.8, 2.5.1, 3.4.5, 3.5.4, 4.5.1, 4.5.2, 5.4.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

5. Therapist is professional in their interactions with clients (AAMFT Core Competencies: 3.4.5, 3.5.4, 5.4.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

PROFESSIONAL DEVELOPMENT COMPETENCIES (AAMFT Core Competencies: 1.1.3, 1.1.4, 1.5.1, 3.1.2, 3.1.3, 3.3.6, 3.4.4, 3.4.5, 3.5.2, 3.5.4, 4.3.12, 4.5.1, 4.5.2, 5.1.4, 5.3.1, 5.3.5, 5.3.6, 5.3.7, 5.3.9, 5.3.10, 5.4.1, 5.5.2, 5.5.4, 6.1.3, 6.3.1, 6.4.1, 6.5.1; AAMFT Code of Ethics: 3.1, 3.2, 3.3, 3.6, 3.10, 3.11, 3.12, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8 Educational Outcomes: SLO-1, SLO-2)

Therapist's ability to use resources to promote growth and present oneself as a marriage and family therapist

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

6. Therapist uses supervision in order to grow and learn (AAMFT Core Competencies: 4.3.12, 4.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

7. Therapist is prepared for supervision and uses supervision time wisely (AAMFT Core Competencies: 3.5.4)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

8. Therapist recognizes and appropriately deals with ethical issues (AAMFT Core Competencies: 1.1.3, 1.1.4, 3.1.2, 3.1.3, 3.3.6, 3.4.4, 5.1.4, 5.3.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

9. Therapist adheres to the AAMFT Code of Ethics and practices in accordance with Colorado state law (AAMFT Core Competencies: 1.5.1, 3.3.6, 3.4.4, 3.5.2, 5.3.1, 5.3.5, 5.3.6, 5.5.4, 6.1.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

10. Therapist is aware of their own professional development process (AAMFT Core Competencies: 5.3.1, 5.3.7, 5.3.9, 5.3.10, 5.4.1, 6.3.1, 6.4.1, 6.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

11. Therapist’s self-awareness allows them to recognize person-of-the-therapist concerns including their own values and personal dynamics. These are taken into consideration during work with clients to “do no harm” (AAMFT Core Competencies: 3.4.5, 4.4.6, 5.4.2, 5.5.2, 5.5.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

12. Therapist is familiar with various mechanisms of change (insight, experience, language, behavioral, psychoeducation interventions) and corresponding therapy models (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1,2.1.2, 2.1.3,2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.3,3.1.1, 3.1.4, 4.1.1, 4.1.2, 4.3.1, 6.1.2, 6.3.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

THERAPIST RELATIONAL COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.2.1, 2.3.8, 2.3.9, 2.4.2, 3.2.1, 3.3.1, 3.3.7, 3.4.5, 4.3.2, 4.3.3, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8, 4.3.10, 4.4.2, 4.4.3, 4.4.6, 4.5.1, 4.5.2, 5.4.2, 5.5.2, 5.5.3, 6.3.4; AAMFT Code of Ethics: 1.4, 1.5, 1.7, 1.8, 1.9, Educational Outcomes: SLO-2, SLO-3)

The ability to establish and maintain a therapeutic rapport.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

13. Therapist is able to build rapport with a wide range of clients representing various demographic backgrounds (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.3.8, 2.3.9, 3.3.1, 3.4.5, 4.3.2, 4.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

14. Therapist conveys respect (understanding, acceptance, warmth, compassion, empathy) to clients (AAMFT Core Competencies: 3.2.1, 3.3.1, 4.3.2, 4.3.3, 4.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

15. Therapist uses self in establishing and maintaining the therapeutic relationship (AAMFT Core Competencies: 1.2.1, 1.3.6, 3.4.5, 4.4.6, 4.5.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

16. Therapist maintains clients' engagement in sessions (AAMFT Core Competencies: 1.3.7, 1.3.9, 2.2.1, 3.3.7, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

17. Therapist works flexibly and creativity to maintain presence with clients (AAMFT Core Competencies: 3.4.2, 4.3.3, 4.3.4, 4.3.6, 4.3.10)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

18. Therapist effectively uses humor and solemnly to foster an appropriate and productive therapeutic relationship (AAMFT Core Competencies: 1.3.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

19. Therapist level of self-confidence allows for effective therapy (AAMFT Core

Competencies: 2.4.2, 4.3.7, 4.4.2, 4.4.3, 6.3.4)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

20. Therapist is able to see their role and influence in the system (AAMFT Core

Competencies: 1.2.3, 2.2.4, 2.4.2, 4.2.1, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

ASSESSMENT & PERCEPTUAL COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 2.4.2, 3.2.1, 4.2.1, 4.2.2, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1; Educational Outcomes: SLO-3)

Therapist's ability to observe patterns of interaction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

21. Therapist observes bidirectional influence within the system and interactional patterns (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 3.2.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

22. Therapist is able to distinguish between the content and the process (AAMFT Core Competencies: 1.2.1, 4.2.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

23. Therapist is able to effectively use the DSM 5 in their conceptualization of client concerns (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.3, 2.4.4, 3.4.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

24. Therapist views diagnosis through a systematic perspective and in a manner congruent with their identified theory (AAMFT Core Competencies: 1.2.2, 1.3.1, 1.3.2, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.6, 2.3.7, 2.3.8, 2.3.9, 2.4.1, 2.4.2, 2.4.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

25. Therapist can understand presenting concerns from a variety of theoretical orientations while working primarily within one identified theory (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1,2.1.2, 2.1.3,2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.3,3.1.1, 3.1.4, 4.1.1, 4.1.2, 4.3.1, 6.1.2, 6.3.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

26. Therapist’s assessment focuses on the entire system as the unit of treatment, even if only parts of the system are present (AAMFT Core Competencies: 2.3.1, 2.3.9, 3.3.1, 4.3.9)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

27. Therapist is able to assess external and internal stressors on the system (AAMFT Core Competencies: 2.3.5, 2.3.7, 3.4.3, 4.3.9)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

28. Therapist integrates cultural attunement when assessing clients, accounting for the influence of socio-cultural context on clients and the therapeutic process (AAMFT Core Competencies: 2.1.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

CONCEPTUAL COMPETENCIES (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.1, 2.3.2, 2.3.5, 2.3.7, 2.3.9, 2.4.1, 2.4.3, 2.4.4, 3.1.1, 3.1.4, 3.3.1, 3.3.2, 3.3.9, 3.4.3, 4.1.1, 4.1.2, 4.2.1, 4.3.1, 4.3.2, 4.3.9, 4.4.1, 4.4.6, 4.5.3, 5.3.8, 6.1.1, 6.1.2, 6.3.2, 6.3.3; AAMFT Code of Ethics: 1.1 Educational Outcomes: SLO-1, SLO-3)

Therapist’s ability to integrate observations with theory, resulting in appropriate intervention and treatment goals

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

29. Therapist bases case conceptualization upon their identified theory (AAMFT Core Competencies: 2.3.2, 2.3.3, 4.2.1, 4.4.1, 5.3.8, 6.1.1, 6.3.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

30. Therapist develops treatment goals with client input while also basing the goals on identified theory (AAMFT Core Competencies: 2.4.4, 3.2.1, 3.3.1, 4.3.1, 4.4.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

31. Therapist conceptualizes the system as the unit of treatment, even if only parts of the system are present (AAMFT Core Competencies: 2.3.1, 2.3.9, 3.3.1, 4.3.9)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

32. Therapist integrates cultural attunement when intervening with clients (race, socioeconomic status, culture, ethnicity, religion, sexuality, gender identity etc.) (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

33. Therapist takes gender socialization and its effect on relationships and therapy into consideration (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

STRUCTURING COMPETENCIES (AAMFT Core Competencies: 1.3.3, 2.3.3, 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2, 3.5.4, 4.3.11; AAMFT Code of Ethics: 1.9, 1.10, 1.11; Educational Outcomes: SLO-1)

Therapist's ability to appropriately direct therapy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

34. Therapist's ability to pace the session appropriately, including starting on time and ending on time (AAMFT Core Competencies: 2.3.3, 3.3.3, 3.5.4)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

35. Therapist makes sure everyone in system has time to give input and is able to engage different perspectives and manage verbal interactions in the therapy room (AAMFT Core Competencies: 1.3.3, 3.3.4, 3.3.5)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

36. Therapist establishes and reviews a formal case plan with clients (if appropriate to the clinical model) (AAMFT Core Competencies: 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		1. Exceeds Expectations		Exceptional	

37. Therapist effectively prepares clients for termination (AAMFT Core Competencies: 4.3.11)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

INTERVENTION COMPETENCIES (AAMFT Core Competencies: 4.1.1, 4.4.1, 4.4.3, 4.4.4; Educational Outcomes: SLO-1)

Therapist's ability to purposefully intervene to facilitate change

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets		Exceptional
		Expectations		

38. Therapist links intervention with their identified theory (AAMFT Core Competencies: 4.1.1, 4.4.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

39. Therapist is able to effectively implement a case plan (AAMFT Core Competencies: 2.4.1, 2.4.4, 3.1.1, 3.3.1, 3.3.2, 3.3.9, 4.3.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

40. Therapist evaluates the outcome of interventions and actively monitors client reactions to treatment process.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

OVERALL COMPETENCY

Therapist's overall competence for this point in their clinical training.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

Strengths and growth during current semester:

Areas for further growth in subsequent semesters:

Signatures. This evaluation will be placed in the student's program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the internship.

Student _____ Date: _____

Supervisor _____ Date: _____

Triadic Supervisor _____ Date: _____

Appendix H



Center for Counseling and Family Therapy

Client Information Form

Thank you for choosing the Regis Center for Counseling and Family Therapy. We offer affordable counseling services for children, adults, couples and families in a comfortable confidential setting.

In order to support our continued operations we ask clients to pay a small fee for our services. However, if at any time you are unable to pay your fee, or if you need to renegotiate the fee of the services you are receiving, please let your counselor or therapist know. You will not be turned away for services for an inability to pay.

For Clinician Use:

Client fee: _____ (please check one) ___ individual fee ___ family fee

Date Completed: _____

Client Information - Please fill out all areas below:

Full Name:		
Gender:	Pronouns:	DOB:
Street Address:	City, State, Zip:	Can we send mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Phone: () -	Type: Home/ Work / Cell	Can we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No

How did you hear about our center? _____ Are you a Regis 505 Student? _____

Relationship Status:

- _____ Single
- _____ Domestic Partners
- _____ Married
- _____ Separated
- _____ Divorced
- _____ Widowed
- _____ Living Together
- _____ Poly Relationship

Race/Ethnicity:

- _____ White/Euro-American
- _____ Biracial
- _____ Asian/Asian-American
- _____ Black/African-American
- _____ Hispanic/Mexican American/Latino(a)
- _____ Native American/Indian
- _____ Other: Specify: _____

Health and Wellness Information:
Have you been to therapy before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates and reason for previous therapy:
How helpful was the therapy? <input type="checkbox"/> Very helpful <input type="checkbox"/> Mostly helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not at all helpful

How much has someone else pressured you to come to therapy? <input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> None	
Please list any current physical health problems you have:	
A)	B)
C)	D)
Please list any prescription medications you are currently taking:	
Medication:	Reason:
Medication:	Reason:
Medication:	Reason:

Please provide information about your household:

Name	Age	Occupation	Relationship to You	For youth under 14, who has medical decision-making rights

How much social support do you receive from the following:				
Extended family	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Friends and neighbors	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Co-workers	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Religious/spiritual communities	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Other:	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None

Alcohol and Substance Use:	
Do you use Marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much and how often?
Do you use other drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much and how often?
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much and how often?
Have you ever felt that you should cut down on your drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have people annoyed you by criticizing your drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever felt bad or guilty about your drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have any of the following results from your use of alcohol or drugs:

Traffic ticket/violation <input type="checkbox"/>	Fight with a friend <input type="checkbox"/>
Ruined a relationship <input type="checkbox"/>	Academic problems <input type="checkbox"/>
Black outs <input type="checkbox"/>	Disciplinary action <input type="checkbox"/>
Trouble with the legal system <input type="checkbox"/>	Job Loss <input type="checkbox"/>
	Other <input type="checkbox"/>

Emotional Wellbeing:

What is your current stress level? (1=no stress, 10=extreme stress): 1 2 3 4 5 6 7 8 9 10

Do you feel safe at home? Yes No Are you happy with your living arrangements? Yes No

Can you talk to your family about your personal concerns and problems Yes No

Is your family emotionally close? Yes No

Is your relationship with your family satisfactory? Yes No

Please indicate which of the following your family has a history of:

Alcohol or drug addiction <input type="checkbox"/>	Eating Disorders <input type="checkbox"/>
Physical Abuse <input type="checkbox"/>	Poor communication <input type="checkbox"/>
Emotional and/or Mental Abuse <input type="checkbox"/>	Depression <input type="checkbox"/>
Suicide <input type="checkbox"/>	Other <input type="checkbox"/>

In the last two weeks, how much of the time have you...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
Felt sad or down in the dumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lost interest in your daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacked strength and energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt less self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt guilty or had a nagging conscience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that life wasn't worth living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had difficulty concentrating (i.e. when watching television etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt subdued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had trouble sleeping at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffered from reduced appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffered from increased appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffered from headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had weight loss or gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggled with controlling anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience extreme mood shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Felt overwhelming anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last two months, how much of the time have you...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
Had academic or work-related problems						
Acted in a violent manner						
Felt extremely angry						
Had difficulty expressing your emotions						
Had difficulty managing stress						
Felt dissatisfied with your appearance						
Have you suffered a recent loss? If so which?	Yes			No		
Death		<input type="checkbox"/>			<input type="checkbox"/>	
Job Loss		<input type="checkbox"/>			<input type="checkbox"/>	
Relationship Ending		<input type="checkbox"/>			<input type="checkbox"/>	
Dramatic change in your health		<input type="checkbox"/>			<input type="checkbox"/>	
Have you ever experienced the following?:	Yes			No		
Tried to control your weight with vomiting, not eating, diuretics, laxatives, excessive exercise, and/or diet pills		<input type="checkbox"/>			<input type="checkbox"/>	
Had an unwanted sexual experience		<input type="checkbox"/>			<input type="checkbox"/>	
Additional Information:						
Have you ever felt like or tried harming yourself (past or present)? Please explain:						
Have you ever felt like or tried harming others (past or present)? Please explain:						

Please describe your reason for seeking counseling:

Is there anything else you would like use to know?

Client Signature:

Date:

Biopsychosocial Assessment and Treatment Plan

Introduction

The mission of the Master of Arts in Marriage and Family Therapy (MAMFT) program is to prepare competent and effective professionals who practice systemic/relational therapy with individual, couples, or families with an emphasis on: (a) excellent clinical skills that are informed by diverse theoretical traditions; (b) personal growth opportunities to encourage person-of-the-therapist competence and to facilitate an awareness of their own approach to therapy; and (c) an awareness of the construction of power and knowledge, and how to work therapeutically with dominant and oppressed people, systems, and ideas.

We use a strengths based empowerment model of psychosocial assessment and treatment planning. This model presents client concerns in the context of their relationships and the larger systems within which clients live. We expect that MFTs are competent in their ability to collaborate with their clients and arrive at an accurate diagnosis that informs the treatment plan. MFTs will incorporate clients' perceptions, concerns, and understandings. MFTs design interventions that align with the clients' goals and objectives.

The psychosocial assessment and treatment planning interview is a process of fostering a foundational relationship. Clients must trust that you are genuinely interested in them and that you believe that they are the experts of their own life experience. MFTs often normalize, validate, and provide hope during the psychosocial assessment and treatment planning. The therapeutic relationship is present when you are writing the reports as well. Clients can have access to these documents, so write them in a way that affirms clients as human beings worthy of dignity and respect.

Finally, be aware of power as the MFT and possible areas of marginalization that the clients have experienced. Consider ahead of time about how you can be prepared for clients who are elderly, adopted, LGBTQ, military, felons, undocumented immigrants, living in poverty, ethnically/culturally/racially marginalized, or are people with disabilities (including traumatic brain injury).

The psychosocial assessment should be written as a report using the following template. The treatment plan should be completed on the form attached. Use the following sections to guide your clinical interview so that you can write the report and plan.

Psychosocial Assessment Template

Client Identifying Information

For each member of the client (depending on if this client is an individual, couple, or family), provide the following factual information based on client report or case records.

Name:

Age:

Biological Sex:

Gender Identity:
Race:
Ethnicity:
Religion/Spirituality:
Relationship Status:
Occupation:
Living Situation:
Sexual Orientation:
Children:

Presenting Concern

Start with client description of the concern or reason seeking services. Include duration, frequency, and consequences of the issues of concern and how client has addressed the concerns in the past.

In addition, discuss how the following systems have been impacted by the concern and have impacted the client.

Family situation
Physical environment
Economic environment
Educational/occupational history
Physical well-being/health
Relevant cultural, racial, and religious factors
Sexual orientation and gender identity factors
Current social/sexual/emotional relationships
Legal involvement
Use of internal and external resources to face challenges

Clinician Observations of Client

*Depending on the client, this could be of an individual, couple, or family. Remember there can be different family forms (family of creation, family of choice, etc.) Include objective **observations**, not opinions.*

Physical appearance (dress, grooming, striking features)
Communication styles (abilities & challenges)
Thought processes (memory, intelligence, clarity of thought, mental status)
Expressive overt behaviors (mannerisms, speech patterns)
Mental status exam (if appropriate)

Relevant History

Discuss history in each of the following areas as it pertains to the presenting issue. You are not limited to these areas - these are a starting place.

Family History – can use genogram to convey this information

Family composition
Birth order
Where & with whom reared
Relationship with parents/guardian
Relationship with siblings
Abuse or trauma
Significant family events (births, deaths, divorce, separations, moves, etc.)
Mental health conditions in Family of origin

Developmental History – use particularly with children or if relevant to the presenting issue. Be aware of cultural differences in expectations for development.

Medical problems/conditions at birth

Developmental milestones (mobility, speech, toilet training, etc.)

Family Interrelationships

Interacting roles within the family (who makes decisions, who is responsible for what)

Family disagreements or disappointments

Family rituals or celebrations

Educational and Occupational History

Level of education attained

School performance

Learning problems/difficulties

Areas of achievement

Peer relationships

Type of employment

Employment history

Adequacy of wage earning ability

Quality of work performance

Relationship with authority figures and coworkers

Religious and/or Spiritual Development

Importance of religion in upbringing

Affinity for faith tradition

Involvement in religious activities

Positive or negative experiences

Social Relationships

Size and quality of social network

Ability to sustain friendships

Pertinent social role losses or gains

Social role performance within cultural context

Historical patterns of familial and social relationships

Intimate Relationships

Type and quality of relationships

Relevant sexual history

Ability to sustain intimate (sexual and nonsexual) contact

Significant losses

Traumas

Conflicts in intimate relationships

Way of dealing with losses or conflicts

Problems or strengths in intimate relationships

Health – medical, psychological, substance history and impact on functioning

Drug, alcohol, or tobacco use or misuse, (when use began; intensity, duration, and frequency)

Medications

Accidents

Disabilities

Emotional difficulties including mental illness

Hospitalizations

Use of previous therapy

Current or history of suicidal ideation or attempts

Current or history of self-harm

Current or history of harm to others
Current or history of bingeing, purging, or restricting
Pertinent health behaviors such as nutrition, exercise, stress management
Quality of sleep
Legal – juvenile or adult contact with legal authorities
Type of problems
Jail or prison sentence
Effects of rehabilitation (or lack of) in justice system
Effects of prison system
Environment Conditions
Urban or rural
Length of time in current living environment
Living arrangement history
Economic/class structure of neighborhood
Description of home
History of Marginalization and Privilege – as it pertains to current issue

Collaborative Assessment

Integrate the clients' concerns with your understanding to describe the underlying causes or contributing factors that have created the clients' concerns. Articulate the prognosis for change.

Include DSM 5 diagnosis. As appropriate, include the following:

Social emotional functioning – ability to express feelings, form relationships; describe the predominant mood or emotional pattern (optimism/pessimism, temperament)

Psychological factors – impulse control, defense mechanisms, coping style

DSM 5 diagnosis

Environmental issues and constraints

Conclude the assessment with a statement about the clients' motivation for help, your ability to provide help, other resources that may be necessary to resolve the presenting concern, and the anticipated outcome of treatment.

Treatment Plan

Therapist: _____ Case/Client(s): _____

Date: _____ Therapy Model Used: _____

Primary Client Configuration:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)

Clients Also Seen As:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)
- Group

Client Concern #1:				
Client goal #1 personal/relational dynamic: _____ to reduce (symptom): _____				
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				

Client Concern #2:				
Client goal #2		personal/relational dynamic:		to reduce (symptom):
<input type="checkbox"/> Increase				
<input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
		Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				
Anticipated strengths:				
Anticipated obstacles:				
Client Perspective				
Has treatment plan been reviewed with client: if no, explain				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

Describe areas of client agreement and concern:	
Referrals to Other Resources:	

I/We have read, understand, and agree to this Treatment Plan:

Client Signature(s): _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Minor child signature(s): _____ Date: _____
 _____ Date: _____

REGIS 
U N I V E R S I T Y
Center for Counseling and Family Therapy

**PROFESSIONAL DISCLOSURE AND
CLIENT RIGHTS STATEMENT**

Thornton Counseling Center
500 E. 84th Avenue Thornton, CO 80229
Colorado Springs Counseling Center
7450 Campus Drive, Suite 100, Colo. Springs, CO 80920

Phone: 303-964-5786

Phone: 719-264-7027

I am a master's level marriage and family therapist-in-training enrolled in Practicum. Among requirements for this course is a series of **45 minute** therapy sessions, which I will record for use during individual and group supervision. Our sessions may be viewed as they occur (via one-way mirror or video feed) by my supervisor and other trainees enrolled in the Division for Counseling and Family Therapy. After our sessions, I will review the recordings with my supervisor and course colleagues, and the recordings will be destroyed by the end of the semester. These recordings are for educational purposes only and will not be added, attached or compiled with your medical or client records. I may also prepare a verbatim transcript that will provide another opportunity for me to improve my therapy skills. ***During our session, I may take a break or receive a call from the "team" behind the mirror.***

You are entitled, to receive information from myself (or my supervisor) about the methods of therapy, and the techniques used. Our therapy will take place at the same time weekly during the 16-week semester. Near the end of the semester, we will discuss termination, referral(s), and/or continuing at the LAB next semester with a different therapist. You can seek a second opinion from another therapist or terminate therapy at any time.

My supervisor and fellow trainees will regard everything you say or reveal during sessions in a professional manner. However, because of the nature of this experience, the limits of confidentiality typically assured for clients will be broadened to include my supervisors and fellow trainees. We would be unprofessional if any of us discussed the interaction with any person outside of our class group. Additionally, in a professional relationship (such as ours) sexual contact between client and therapist is never appropriate and is illegal in the state of Colorado. It should be reported to the Department of Regulatory Agencies (see contact information below).

Information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and cannot be disclosed without written consent. There are certain legal exceptions to confidentiality that may include, but are not limited to, a court order or subpoena. I am also required to:

1. Report child abuse or neglect to the Department of HHS and/or law enforcement;
2. Report the abuse and exploitation of elders, 70 years of age or older (C.R.S. 18-6.5-108);
3. Release information when court ordered to do so;
4. Report when there is a legal duty to warn of a threat from a client of imminent physical violence and/or when a client is a "danger to self or others" (C.R.S. 27-65-102(4.5));
5. Release information when there is a "condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people" (C.R.S. 27-65-102(9));
6. Release information when required to report a threat to the national security of the U.S.; and
7. Release information when a therapist needs to request a "*Welfare check through law enforcement*" in the event that the therapist becomes concerned about the client's safety/welfare.

8. There is a “duty to warn: ... where the patient has communicated to the mental health provider a serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity (C.R.S. 13-21-117);
9. Where there is a duty to warn, the mental health provider: “... shall make reasonable and timely efforts to notify the person or persons, or the person or persons responsible for the specific location or entity that is specifically threatened, ... (C.R.S. 13-21-117).

Note that ONLY authorized persons will have access to your records. If you return to the clinic for future therapy, your records may be reviewed by the new trainee and her or his supervisor. At the completion of your therapy, these records will be filed in the HIPAA secure server for seven years, after which they will be erased.

Please also review the following:

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master’s degree in their profession and have two years of post-master’s supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master’s degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor’s degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master’s degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

EMERGENCIES: The Counseling Lab operates as a training facility, with NO emergency services.

FEE AND PAYMENT POLICY: No fees will be collected for therapy services.

CANCELLATION POLICY: **Cancellations must be made to either the Thornton Center at (303) 964-5786 or the Colorado Springs Center at (719) 264-7027 at least 24 hours in advance.**

I acknowledge that I have read and received a copy of this information. I understand my rights as a client.

Client (*print name*)

Client/Legal Guardian’s Signature

Marriage and Family Therapist in-training (*print name*)

Marriage and Family Therapist-in-training Signature

Faculty Supervisor (*print name*)

Degrees/Licenses

Faculty Supervisor Signature

Date



**Rueckert-Hartman
College for Health Professions
Division of Counseling and Family Therapy**

Regis Center for Counseling and Family Therapy

Consent to Treatment for Minor Child

Print legal name of minor child here: _____

I, _____, as parent or guardian of my minor child, hereby affirm that I have been assigned parental responsibilities to consent for health care by the state of Colorado for my minor child and I hereby give consent for my child to receive counseling by a graduate student in training at Regis University.

I understand that only the therapist, supervisor(s) and other students in his/her class will know the information learned during the course of therapy. (Please read Patient Rights Form for exceptions.) Furthermore, I understand Regis University is under no obligation to release any information related to my child's therapy to other persons or agencies.

I understand that the student conducting this therapy will be doing so under the supervision of his/her professor and that to facilitate this supervision, therapy sessions with my child and collateral sessions with me will be videotaped.

I understand that when parents or unmarried or divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore in compliance with C.R.S § 14-10-123.8, you authorize the graduate student in training to provide access to treatment information to such an individual by authorizing me to provide services to a child in your custody.

I was informed during the initial intake and I understand that Regis University student counselors and supervisors DO NOT agree to testify in court. If you are involved in a divorce or custody litigation, you need to understand that the role of the graduate student counselor in training is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call the student counselor assigned to you and your family as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

(Adapted from Lane, 2009).

Parent or Guardian Signature

Date

Witness

Date

Regis University
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.
This notice is effective on April 14, 2003

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (PROTECTED HEALTH INFORMATION) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. During the process of providing services to you, the Regis Center for Counseling and Family Therapy (if receiving counseling through Regis University, Thornton or Colorado Springs), will obtain and use mental health and medical information concerning you that is both confidential and privileged. Ordinarily this confidential information will be used in the manner that is described in this statement, and will not be disclosed without your consent, except for the circumstances described in this Notice.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION.

A. General Uses and Disclosures Not Requiring the Clients Consent. RCCFT Counseling Services will use and disclose protected health information in the following ways:

- **Treatment.** Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. For example, RCCFT Counseling Services therapists and staff involved with your care may use your information to plan your course of treatment and consult with other health care professionals or their staff concerning services needed or provided to you,
- **Payment.** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, RCCFT Counseling Services and other health care professionals will use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies, to businesses that review bills for health care services and handle claims for payment of health care benefits in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
- **Health Care Operations.** Health Care Operations means activities undertaken by health insurance companies, businesses that administer health plans, and companies that review bills for health care services in order to process claims for health care benefits. These functions include management and administrative activities. For example, such companies may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning and accreditation, certification, licensing, and credentialing activities.
- **Contacting the Client.** RCCFT Counseling Services may contact you to remind you of appointment and tell you about treatments or other services that might be of benefit to you.

- **Required by Law.** RCCFT Counseling Services will disclose protected health information when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement; (b) when court ordered to release information; (c) when there is legal duty to warn of a threat that a client has made of imminent physical violence, healthcare professionals are required to notify the potential victim of such a threat and report it to law enforcement; (d) when a client is imminently dangerous to herself/himself or others, or is gravely disabled, healthcare professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client; and (e) when required to report a threat to the national security of the United States.
- **Health Oversight Activities.** Your confidential, protected health information may be disclosed to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.
- **Crimes on the Premises or Observed by RCCFT Counseling Services personnel.** Crimes that are observed by RCCFT Counseling Services, staff that are directed toward staff, or occur on RCCFT Counseling Services premises will be reported to law enforcement.
- **Business Associates.** Confidential healthcare information concerning you, provided to insurers or to plans for purposes or payment for services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
- **Research.** Protected health information concerning you may be used with your permission for research purposes if the relevant provisions of the Federal HIPPA privacy regulations are followed.
- **Involuntary Clients.** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers, and others, as necessary to provide the care and management coordination needed in compliance with Colorado law.
- **Family Members.** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonable inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However if the client objects, protected health information will not be disclosed.
- **Emergencies.** In life-threatening emergencies, RCCFT Counseling Services, staff will disclose information necessary to avoid serious harm or death.

B. Client Release of Information or Authorization. RCCFT Counseling Services, and other healthcare professionals may not use or disclose protected health information in any way without a signed release of information or authorization. When you sign a release of information, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent that **RCCFT Counseling Services** has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CLIENT

A. Access to Protected Health Information. You have the right to receive a summary of confidential health information concerning you with regard to mental health services needed or provided to you. There are some limitations to this right, which will be provided to you at the time of your request, if such limitation applies. To make this request, ask RCCFT Counseling Services staff for the appropriate request form.

B. Amendment of Your Record. You have the right to request that RCCFT Counseling Services or your healthcare professionals amend your protected health information. RCCFT Counseling Services is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask RCCFT Counseling Services for the appropriate form.

C. Accounting and Disclosures. You have the right to receive an accounting of certain disclosures RCCFT Counseling Services has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purposes of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask RCCFT Counseling Services staff for the appropriate request form.

D. Additional Restrictions. You have the right to request additional resources restrictions on the use or disclosure of your health information. RCCFT Counseling Services do not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask RCCFT Counseling Services staff for the appropriate request form.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information from RCCFT Counseling Services by alternative means or at alternative locations. For example, if you do not want RCCFT Counseling Services to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of requests, which will be provided to you at the time of the request process. To make a request, ask RCCFT Counseling Services staff for the appropriate request form.

F. Copy of This Notice. You have a right to obtain another copy of this notice upon request.

III. ADDITIONAL INFORMATION

- A. Privacy Laws. RCCFT Counseling Services.** Is required by state and federal law to maintain the privacy of protected health information. In addition, RCCFT Counseling Services is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.
- B. Terms of the Notice and Changes to the Notice. RCCFT Counseling Services** is required to abide by the terms of this notice, or any amended notice that may follow. RCCFT Counseling Services reserves the right to change the terms of its notice and to make the new notice provision effective for all protected health information that maintains. When the notice is revised, the revised notice will be posted in service delivery sites and will be available upon request.
- C. Complaints Regarding Privacy Rights.** If you believe RCCFT Counseling Services has violated your rights, you have the right to complain to RCCFT Counseling Services owners concerning your complaint and the basis for it. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515 HHH Bldg. Washington, D.C. 20201. It is the policy of RCCFT Counseling Services that there will be no retaliation for your filing such complaints.
- D. Additional Information.** If you desire additional information about your privacy rights at RCCFT Counseling Services please ask us any questions that you may have.

IV. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

- A.** The confidentiality of alcohol and drug abuse patient records maintained by RCCFT Counseling Services is protected by federal law and regulations. Generally the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:
 - 1. The patient consents in writing
 - 2. The disclosure is allowed by a court order; or
 - 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation

- B.** Violation of the Federal Law and Regulations by a Program is a Crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.
- C.** Federal law and Regulations to not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a client to commit imminent physical violence against another person to the potential victim who has been threatened and law enforcement.
- D.** Federal law regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

Luis Alvarez, LPC Director
Rueckert-Hartman College for Health Professionals
Division of Counseling and Family Therapy
Regis University
500 E, 84th Avenue, Suite B-12
Thronton, CO 80229

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)

Regis University
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

Client Acknowledgment of Receipt of Privacy Practices
(You may refuse to sign this acknowledgment)

I/We _____ have received a copy of RCCFT Counseling
(First) (Last)

Services Notice of Privacy Practices with an effective date of April 14, 2003. I understand these disclosures. I have received a copy of this Disclosure Statement and Notice of Privacy Rights.

Name of patient(s) or parent/guardian of minor child:

(First) (Last)

Address of client(s): _____
(Street Address)

(City) (State) (Zip Code)

Signature of Client(s) or Personal Representative:

Print Name of Client(s) or Personal Representative Authority

Description of Personal Representative's authority and attach document
evidencing authority, such as a Power of Attorney

Name of Witness (please print) :

(First) (Last)

Signature of Witness: _____

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Client/Individual refused to sign (Date of refusal) ____/____/____
- Communication barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other

An attempt was made by _____ Date: ____/____/____



Rueckert-Hartman
College for Health Professions
Division of Counseling and Family Therapy
Regis Center for Counseling and Family Therapy
Release of Information

Authorization for Disclosure of Protected Health Information (D-PHI) & Request for Confidential Communication

I, _____ hereby authorize
Name of Client(s) _____
DOB _____
500 E. 84th Avenue, Suite _____
Thornton, CO _____ 80229
B-12 _____
7450 Campus Drive, Suite _____
Colorado Springs, _____
RCCFT Counseling Services- Thornton _____ CO _____ 80920
RCCFT Counseling Center - Col Spgs _____ CO _____ 80920

AND _____
Agency Name _____ Address _____ City _____ Zip _____

Contact Person _____

To Release the Following Information: (Check all that apply)

- Summary of Progress Evaluation/Assessment Attendance / Participation/ Progress
Termination Summary Service Plans Other:

For the Purpose of:

- Treatment (Internal & External) Operations (Administrative) Payment (Reimbursement)
Other (Indicates HIPAA Authorization, use only when necessary)

Specify:

Periods of Treatment: All Treatment Episodes Current Treatment Episode
Specific Treatment Episode: Begin Date: End Date:

If the purpose of this disclosure is marked as "Other" whether or not Treatment, Payment or Operations are checked, then this is a HIPAA Compliant Authorization and RCCFT COUNSELING SERVICES must provide me a copy.

I understand that my records or those of the individual listed above are protected under state and federal Mental Health confidentially regulations including 42CFR Part 2. Information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand and agree that this release form may be sent to the agencies and persons identified above. Copies of this form may be used in lieu of the original.

I understand there is potential for information disclosed as a result of this release/authorization to be re-disclosed by the recipient and therefore no longer protected by the HIPAA Privacy regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken based upon it. This consent expires and cannot be used past the indicated date or event.

Expiration Date: _____
Not more than one year

X
CLIENT(S) SIGNATURE _____ Date _____

Parent, Guardian or Authorized Representative _____ Relationship _____ Date _____

Clinician Signature:

Date

Consent revoked:

Client(s) Signature

Date

FAX COVER SHEET

******CONFIDENTIAL FACSIMILE******

THIS FACSIMILE CONTAINS INDIVIDUALLY IDENTIFIABLE PATIENT HEALTH INFORMATION. THE USE AND DISCLOSURE OF INFORMATION CONTAINED IN THIS FAX IS RESTRICTED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AND IS PROTECTED UNDER THE PRIVACY ACT OF 1974. IT IS INTENDED FOR THE USE OF THE ADDRESSE(S) IDENTIFIED BELOW. THIS FAXED MATERIAL MUST BE DESTROYED APPROPRIATELY WHEN ITS USE IS NO LONGER REQUIRED, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT(S) OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE ATTACHED INFORMATION TO THE INTENDED RECIPIENT(S), PLEASE NOTE THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. ANYONE WHO RECEIVES THIS COMMUNICATION IN ERROR SHOULD NOTIFY REGIS UNIVERSITY IMMEDIATELY AND RETURN THE ORIGINAL MESSAGE TO THE ADDRESS ON THIS COVER SHEET VIA U.S. MAIL.

Name of Practice

Regis University, Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
RCCFT Counseling Services RCCFT Counseling Services
Thornton Campus Colorado Springs Campus
Telephone #: 303-964-5786 719.264.7027
FAX #: 303-635-1363 719.264.7095

TO:
Recipient: _____

FROM:
Sender: _____

Fax Number: _____

Sender's Signature: _____

Telephone Number: _____

Sender's Phone Number: _____

No. of Pages (Including Cover) _____

Patient's Name: _____

Date of Transmission: _____



REGIS CENTER FOR COUNSELING AND FAMILY THERAPY

500 E. 84th Ave., Thornton, CO 80229

Phone: 303.964.5786 | macplab@regis.edu

For each client’s file, staple on inside left flap of folder

CLIENT CONTACT FORM

CLIENT: _____ COUNSELOR: _____ SEMESTER/YEAR: ____/____

SUPERVISING FACULTY: _____ PHONE #: _____

Note all clinical contacts, and services (e.g., phone contacts, sessions, consultations, tests).

Date	Type of Contact	Description	Fee Collected



Rueckert-Hartman
College for Health Professions
Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

CLIENT CASE NOTES

Client's Name(s): _____

Page #: _____

Counselor's Name: _____ Supervisor's Name: _____

Date:	Length:	Type: Individual	Payment:
“SOAP” Notes:			
S: Summary <ul style="list-style-type: none"> • What was said & done from the client’s perspective. • Themes • Reported symptoms 			
O: Observations <ul style="list-style-type: none"> • Speech • Affect • Behaviors • Observed symptoms 			
A: Assessment <ul style="list-style-type: none"> • Of the client • Major concerns • Changes since the last session • Interventions used 			
P: Plan <ul style="list-style-type: none"> • To achieve treatment goals • Future directions • Homework • Date of next session 			
Counselor’s Signature: _____		Date: _____	
Supervisor’s Signature: _____		Date: _____	



Rueckert-Hartman
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Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

Group Progress Notes

Name of Group: _____ **Client Name** _____

Significant Client Themes: _____

Emotions Expressed by Client: Sadness _____ Regret _____ Anger _____ Shame _____
Happiness _____ Satisfaction _____ Fear _____ Loneliness _____ Rage _____
Confusion _____ Isolation _____ Other(s) _____

As Evidenced By (specific statements or actions): _____

Outcomes of Tasks or Techniques: _____

Additional Information: _____

Graduate Clinicians

Supervisors and Faculty

Date:	Length:	Type: Individual	
“SOAP” Notes:			
<p>S: Summary</p> <ul style="list-style-type: none"> • What was said & done from the client’s perspective. • Themes • Reported symptoms 			
<p>O: Observations</p> <ul style="list-style-type: none"> • Speech • Affect • Behaviors • Observed symptoms 			
<p>A: Assessment</p> <ul style="list-style-type: none"> • Of the client • Major concerns • Changes since the last session • Interventions used 			
<p>P: Plan</p> <ul style="list-style-type: none"> • To achieve treatment goals • Future directions • Homework • Date of next session 			
Counselor’s Signature:		Date:	
Supervisor’s Signature:		Date:	

Regis University
Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Regis Center for Counseling and Family Therapy

LIFE PLEDGE

I, _____ agree not to kill, harm, or injure myself or anyone else in any manner and under any circumstances. Furthermore should I become depressed or feel hopeless, or feel worried about my ability to care for myself at any time of day or night I will speak with the following people (including crisis phone lines(24 hour crisis line: 1-800-273-8255) or will admit myself to a hospital where I will be safely cared for).

People with whom I can talk to and will contact are:

NAME:

RELATIONSHIP:

PHONE #:

Date

Client's Signature

Date

Counselor's Signature

CONFIDENTIAL
Suspected Child Abuse Reporting Form
Regis University, Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Regis Center for Counseling and Family Therapy

Call to Social Services: _____
Date Time Person Taking the Report Agency

Call to Law Enforcement: _____
Date Time Person Taking the Report Agency

Name of Child: _____ Date of Birth _____ Sex _____

Address: _____ Grade: _____

Parent(s)/Guardian: _____

Parent(s) Address: _____ Home Phone: _____

Parent(s) Place of Employment: _____ Work Phone: _____

Sibling(s) & Birthdates: _____

Did reported abuse occur at a child care center: Y Yes YNo
If not, where did the reported abuse take place? _____

REFERRAL CONCERN:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dislocation/Sprains | <input type="checkbox"/> Lack of Supervision | <input type="checkbox"/> Educational Neglect |
| <input type="checkbox"/> Twisting/Shaking | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Physical Neglect |
| <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Burns/Scalds | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Exposure to Elements | <input type="checkbox"/> Medical Neglect | <input type="checkbox"/> Cuts/Bruises/Welts |
| <input type="checkbox"/> Emotional Maltreatment | <input type="checkbox"/> Other | |

1. Describe visible injuries: _____

2. Describe the child's account of how the incident occurred: _____

3. Note any previous suspected abuse reports that you have made on the child or siblings: _____

4. Note any other information the child may have disclosed: _____

5. Note any special needs (e.g. interpreter): _____

6. Note actions taken by the reporting source (if known): _____

PERSONS MAKING THE REPORT:

Graduate Clinician: _____ Date: _____
Please Print Name Signature

Faculty Supervisor: _____ Date: _____
Please Print Name Signature

TERMINATION SUMMARY RECORD
 Regis University, Rueckert-Hartman College for Health Professions
 Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

Names(s): _____ Date: _____

Parent or Guardian (if minor client): _____ Date of Birth: _____ Age: _____

Address: _____ Telephone: (_____) _____

City/State/Zip: _____ Gender: _____

Reason(s) for Service: _____

Referral Source (if applicable): _____

Total # of Sessions: _____ Date of First Session: _____ Date of Last Session: _____

List of all sessions by date: _____

Types of Services: Individual Counseling Family/Couples Counseling Group Counseling

Play Therapy Other _____

Summary of Major Themes of Treatment: _____

Status of Client at the Close of Treatment: _____

Reason for Termination: _____

Referrals and Consultation:

Date	Name	Purpose	Outcome (if known)

Test Administration:

Date	Test	Administered by

Written Reports (e.g. assessment/testing, intervention plan, consultation, child abuse reporting):

Date	Name and Address of Report Recipient	Substance of Report

Checklist of Enclosures: Mandatory Disclosure Statement Written Reports Release(s) of Information
 HIPAA Case Notes Additional Supporting Data (please specify) _____

*Confidential Client Records are maintained for a period of seven (7) years commencing on the date of termination of psychotherapy services per American Counseling Association's Ethical Standards. After seven (7) years, records are destroyed.

Graduate Clinician: _____ Date: _____
 Please Print Name Signature

Faculty Supervisor: _____ Date: _____
 Please Print Name Signature

INTERNSHIP

INTERNSHIP DESCRIPTION

Course Overview for Internship

Students must secure an internship placement during or before their practicum semester.

Students must apply for internship during their practicum semester by the application deadlines

(See practicum Appendix A).

Fall Semester: July 1
Spring Semester: November 1
Summer Semester: March 1

Students will be registered by the Clinical Administrative Coordinator for one class

(MFT699A/B/C-Syllabus) which includes:

- Approximately 20-25 hours per week at an approved clinical Internship site – This time includes about 10-15 client contact hours each week, individual/triadic supervision with approved site supervisor, documentation, preparation, training, and inservice time.
- Regis Group Supervision- This class meets for 2 hours every week during
- weekday hours (9-5pm) with a Regis AAMFT Approved Supervisor faculty and a maximum of 8 Regis student interns.

Approved Clinical Sites:

<https://in2.regis.edu/sites/DCFT/studentportal/Clinical%20Site%20Information/Forms/AllItems.aspx>

(Please note that you will need to sign in using your Regis.net account information)

MAMFT INTERNSHIP REQUIREMENTS

Students should expect to spend close to 960 clock hours (total time spent on site) during their clinical internship placement (three semesters, which is one year of clinical placement).

Direct Client Contact

A minimum of 375 direct client contact is suggested for Internship (Includes MFT699A, MFT699B, and MFT699C). Each semester, the student should aim to complete 125 direct client contact hours, with a minimum of 50 of those hours being relational. The following activities are considered direct client contact:

- Individual adult therapy from a relational perspective
- Group counseling - facilitation or co-leadership
- Child Therapy
- Adolescent Therapy
- Couple/Family therapy or conjoint therapy
- Psychodiagnostic intake and assessment
- Crisis counseling
- Treatment team facilitation of clinical sessions

Supervision

A minimum of 75 hours of supervision is required in Internship (Includes MFT699A, MFT699B, and MFT699C). Of this supervision time, 50% of the hours must include live, audio, or video data of therapy sessions. Live supervision may include:

- On-site individual supervision
- On-site group supervision, if it is offered
- Regis group supervision
- Regis individual/triadic supervision

Alternative Hours

Students may also accrue 75 alternative hours over three semesters of internship. These hours include:

- Participating in a reflecting team
- Psycho-educational groups

Inappropriate Activities

In a Regis clinical placement, it is inappropriate for Regis marriage and family therapy students to engage in any of the following activities:

- Case management only/milieu management
- Child care or baby sitting of clients' children
- General filing and clerical activities
- Receptionist or secretarial roles
- Providing services to clients after agency hours with no supervisor on site

Licensed Site Supervisors and Weekly Supervision

Sites are expected to employ or have contractual agreements with Licensed Clinicians (LMFT, LCSW, LPC, or Licensed Psychologists) who (a) have training and experience working with

couples and families, (b) have experience supervising clinicians who are working with couples and families, and (c) who are preferably AAMFT Approved Supervisors who will act as supervisors for our students. Students are required to have a minimum of one hour per week of face to face clinical supervision with their primary site supervisor who maintains active licensure status.

Appropriate Disclosure Forms and Releases

Clinical sites are expected to provide the appropriate disclosure forms and releases for the student's use with their clients. The form should disclose the student's intern status and also request permission to audiotape or videotape for training purposes.

American Association for Marriage and Family Therapy (AAMFT) Code of Ethics

Students in the MAMFT program are being trained under the AAMFT Code of Ethics and are expected to follow this code of ethics throughout their clinical training.

http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx

Internship Application Requirements

In order to be admitted to clinical placement, a student must do the following:

- **If involved in any remedial process, student must have met the requirements of the remediation plan and must be approved by the Remediation Committee to move forward in the program.**
- Be completely familiar with the Clinical Requirements as described in this manual.
- Successfully complete all pre-requisite courses with a grade of B- or higher.
- Submit an Internship Application to the Clinical Administrative Coordinator by the designated deadline
- Acquire passing scores on any given Student Performance Evaluations (SPE). Any zero score will require some type of remediation.
- Secure Internship placement at a Regis approved clinical site
- Avoid any potential dual relationships at the clinical site (e.g., working for employers, family members, friends, interning at the same site where you work)
- Not expect money for interning nor be charged by the agency for supervision

A student may not register for MFT 699A/B/C Internship Supervision when the following conditions exist:

- Placement has not yet been confirmed by the clinical site
- The clinical site cannot offer supervision with a licensed clinician (LPC, LCSW, LMFT, Licensed Psychologist), who has had at least two years' experience working in areas s/he will be supervising
- Students are not assured that a clinical professional will be onsite whenever the student is working with clients during the Internship semester(s)
- Regis does not have a current legal contract with the clinical site

While in placement a student must do the following:

- Complete a minimum of 375 direct client contact and 75 supervision hours spread out over a minimum of three Internship semesters.
- Attend all required Regis Group Supervision sessions throughout a minimum of three Internship semesters and successfully complete the requirements of each semester's work (see Syllabi for MFT 699 online).
- Register for an additional semester (MFT 699D) if requirements have not been met in three Internship semesters of placement.
- Keep the Regis Group Supervisor informed of any issues or changes at the clinical site, especially any issues affecting program requirements.
- Discuss any potential "Incomplete" with the Group Supervisor.

REGIS UNIVERSITY

RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS

Division of Counseling and Family Therapy

Master of Arts in Marriage and Family Therapy

Internship Application

Application Deadlines (please check):

___ Fall Semester: July 1
___ Spring Semester: November 1
___ Summer Semester: March 1

Early submissions will be processed immediately. Approval for Internship will follow Practicum Faculty Evaluations. Unlike Practicum, Internship group supervision placements are based on available sections and student indicated preferences.

Email **completed** application packet to dcftclinicalapps@regis.edu in one pdf.

DEGREE: MAMFT

CERTIFICATE: Depth Psychotherapy Child & Adolescent Military Families None

Student's Name: _____ **Student ID# (required)** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ Cell (____) _____

Regis Email Address: _____

Current Employer Name: _____

Employer Address: _____

Do you plan to continue employment: _____

<u>Pre-requisite Courses Completed</u>	<u>Year/Semester</u>	<u>Grade</u> (if completed)
--	----------------------	-----------------------------

Practicum MFT690/692	_____	_____
----------------------	-------	-------

Proposed Internship Site:

Agency Name: _____ Program: _____

Agency Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

On-site Supervisor: _____ Phone: _____

Email Address: _____

Degree/licensure **: _____ Expires: (See DORA): _____

**** If the Site Supervisor is NOT an AAMFT Approved Supervisor, the site supervisor will need to complete the Supervisor Qualification Form and submit it to the MFT Internship Coordinator for approval.**

Types of Clients You Will Work With: _____

Indicate your Preferred Days and Times for Internship Supervision*

Please refer to Web Advisor for available course offerings
*Denver/Thornton Only

- 1.
- 2.
- 3.

If you work at an Internship site where children and adolescents are the primary population you must take one of the following courses prior to Internship:

- a. MCPY 668 - Play in Family Therapy,
- b. MCPY 678 – Introduction to Play Therapy
- c. MCPY 677 - Counseling Children & Adolescents

*Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Internship Site Schedule (include days/ times if known): _____

Start Date at Internship Site: (must be at beginning of a semester): _____

Student's Signature I give consent for the Division of Counseling and Family Therapy to register me for practicum and/or internship.

___/___/____ Student Liability Insurance Expiration Date

Include the following with your Internship Application:

- 1) Proof of (Active) Student Liability Insurance - Attach Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT)
- 2) A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 375 hours (40% must be relational hours).
- 3) A letter of acceptance from the site
- 4) Site Supervisor Qualification Form and Site Supervisor Resume (if Site Supervisor is not AAMFT Approved Supervisor, a Licensed Marriage and Family Therapist or already approved as a Regis University Supervisor)
- 5) Verification of site supervisor's license. This may be found at [HERE](#))

Check List

By initialing each item, you agree it is completed and attached in your application.

- _____ Completed application form
- _____ Copy of Proof of Student Liability Insurance Exp: ___/___/_____
- _____ Letter of acceptance from site
- _____ Site supervisor's license verification
- _____ Site supervisor's resume
- _____ Site Supervisor Qualification Form (please see info. above to determine need)
- _____ Cover Letter (tell us about your choice of placement & plans to attain clinical hours)

Student Signature Date

Practicum Faculty Supervisor Signature Date



Division of Counseling and Family Therapy
Master of Arts in Marriage and Family Therapy

Site Supervisor Qualification Form

This form must be approved by the MFT Clinical Coordinator PRIOR to beginning clinical contact.

In order to document the expertise of our faculty and clinical supervisors, we request that you complete the following information. We use this information to make decisions about course teaching assignments and clinical supervisor approval. Please be thorough in your responses and attach additional documentation as needed. *If you have completed this form in prior semesters, please continue to update this form each semester that you supervise and keep it for your records.*

Today's Date: _____ Name: _____

Agency: _____ License Type and #: _____

Phone: _____ Email: _____

Street: _____ City, State, Zip Code: _____

Gender: _____ Ethnicity: _____

Are you an AAMFT Approved Supervisor? Yes No

If yes, when does it expire? **You do not need to fill out the rest of this form.**

Are you an AAMFT Approved Supervisor Candidate? Yes No

If yes, when does it expire? _____

Are you an AAMFT Clinical Fellow? Yes No

Are you approved by the state to supervise MFT candidates? Yes No

What year did you start supervising students in their work as MFTs? _____

What year did you start practicing as a Marriage and Family Therapist? _____

Are you currently engaged in clinical practice? Yes No

Academic Coursework – list academic coursework, training and /or workshops specific to marriage and family therapy. Examples: courses such as principles of couples counseling, family therapy, treating adolescents in therapy, and/or workshops represented by marriage and family therapists on clinical techniques, and/or training institutes focusing on relationship counseling techniques. Titles should reflect the course/training/workshop was in marriage and family therapy, i.e., focusing on relationship counseling rather than on individual counseling skills.

<u>Year</u>	<u>Approx # hours</u>	<u>Name of Course/workshop/institute</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work experience – list and describe work experience in the field of marriage and family therapy. We are looking for information indicating that you have worked in a setting that supports a systemic/relational approach to treatment which is the foundation of marriage and family therapy training. Job titles alone may not provide adequate information so please include detailed descriptions when necessary.

<u>Year</u>	<u>Work Experience in Marriage and Family Therapy</u>
_____	_____
_____	_____
_____	_____

If you have been practicing MFT for less than 5 years, number of hours of post degree clinical experience: _____ hours acquired between _____ and _____ .

Minimum requirements for supervisors: 3000 hours of post-master's degree hours of clinical experience (2000 hours for doctoral level applicants) providing marriage and family therapy over a minimum period of 3 years. Continuing competency/education – list any continuing competency experiences related to the field of marriage and family therapy (i.e. coursework taught by you, workshops attended or presented; publication, training, experiences etc.) We are looking for information which will indicate that you have participated in activities that support a systemic approach to treatment which is the foundation of marriage and family therapy training.

Supervisory Training – Describe the training you received in providing supervision related to the field of marriage and family therapy. Include the information on the requirement of one semester graduate course or equivalent experience and give information about your supervision of supervision training (supervision of you doing supervision of another therapist).

Total years of experience supervising students in their work as MFTs? _____

Supervision Course:

Year _____ Approx # hours _____ Course title or description of equivalent experience

Supervision of supervision:

Year _____ Approx # hours _____ Location and Supervision Mentor Name

Were any of the supervisors in your own training Marriage and Family Therapists? Yes _____ No _____

List any professional associations related to the field of marriage and family therapy to which you belong

Time Frame _____ Name of Association

List any scholarly work you have done that is related to the field of marriage and family therapy:

IMPORTANT: Please attached a copy of your current résumé or curriculum vitae to this form as well.

Appendix B

MAMFT Semester Internship Description and Goals (Page 1)
(Copy Course Description/Goals page and Learning Contract page back to back)

PLEASE CHECK ONE:

MFT 699A___ MFT 699B___ MFT 699C___ MFT 699C___

Semester_____ Year_____

Together with your site supervisor, complete the Course Description and Learning Contract. Hand this document in to your Faculty Group Supervisor at your second class meeting.

Student: _____
Address: _____ Zip: _____
Phone: _____ Email: _____
Site Supervisor: _____ License: _____
Supervisor Phone: _____ Email: _____
Site Name: _____
Site Address: _____

The following are categories of clinical experiences for the Internship. With your site supervisor, please indicate the training objectives you will pursue this semester.

- _____ Child Therapy
- _____ Adolescent Therapy
- _____ Couple Therapy
- _____ Family Therapy
- _____ Individual Counseling/Therapy
- _____ Group Counseling/Therapy
- _____ Psychodiagnostic Intake
- _____ Emergency/Crisis Intervention
- _____ Psychological Test Administration and Interpretation
- _____ Documentation (Treatment plans, clinical reports, case summaries)
- _____ Consultation/Referral (case conferences, referral to other agencies)
- _____ Individual Clinical Supervision (one hour per week required)
- _____ Group Clinical Supervision
- _____ Video/audio taping of client sessions (releases required)
- _____ In-service, staff training, staff development meetings
- _____ Program evaluation and administration
- _____ Other (please specify) _____



**RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS**

Division of Counseling and Family Therapy

MAMFT Semester Internship Description and Goals (Page 2)
(Copy Course Description/Goals page and Learning Contract page back to back)

Goals and Outcomes:

Please include areas of training that will be the focus of this Internship. These will be determined with the site supervisor. (Examples: I will complete of two intake interviews with new clients, I will score and interpret one adolescent test battery, I will write and present three clinical cases to facility staff)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Onsite Supervision Contract:

I, _____, agree to be the designated onsite clinical supervisor for
(supervisor's name, license)

Regis University intern _____ during his or her placement with our agency. The
(student's name)

designated hour for our supervision is _____ and must occur once a week on a
(day of week, time of day)

regular basis. I will notify the student's Regis supervisor of any changes in this arrangement.

Date signed: _____

Please print onsite supervisor's name: _____

Other signatures required:

Student: _____ Date: _____

Regis Faculty Group Supervisor: _____ Date: _____

Appendix C Supervisory Disclosure Statement

The purpose of this disclosure statement is to provide you, the supervisee, specific information regarding the nature, expectations, and evaluation process of this relationship.

I am a licensed clinician _____
License Type License Number State

and I adhere to the Code of Ethics published by: ACA AAMFT NASW APA
(circle all that apply)

My clinical background includes: Providing psychotherapy to individuals since _____
Year
Providing psychotherapy to families since _____
Year
Counselor education/supervision since _____
Year

I received my master's degree in _____ from _____
Degree Title University Name
and my doctoral degree in _____ from _____
Degree Title University Name

Expectations:

Supervision will be provided in the following formats:

- _____ Individual Supervision one hour/week (required)
- _____ Group Supervision
- _____ Triadic Supervision
- _____ Live Observation behind one-way mirror

1. Supervision is a confidential relationship. What is said in supervision will remain in supervision unless the information jeopardizes the client or the intern, is unethical or illegal, or warrants consultation by this supervisor with another clinician. However, it is understood and agreed upon that site supervisors and Regis Internship faculty engage in a collaborative supervision model. This model requires that when issues or concerns that are related to the student's performance at the Internship site arise, they are shared in a timely and sensitive manner.
2. The intern will be expected to come prepared (e.g., tapes reviewed, questions or concerns) to discuss relevant issues.
3. The intern must bring progress notes to this supervisor for review and signature.
4. Interns must engage fully in the supervisory relationship. This includes being prepared to discuss how/if the client behavior affects them as a person and their response to it. Supervision is not personal therapy for the intern, but personal issues will be discussed and if therapy for the intern seems prudent, the supervisor will make that recommendation.
5. The intern is expected to notify the supervisor regarding any irregular or concerning behaviors of which the intern becomes aware. For example, potential dual relationships with clients, suicidal or homicidal behavior or suspected child abuse. Supervisor's cell phone number _____
6. Interns will be evaluated.
7. No fees will be charged for supervision.

Please feel free to discuss any of the items listed here in supervision at any time. Please read the entire document and sign in the space provided to indicate that you have read, agree to, and will abide by the specifications of this relationship.

Intern Signature

Date

Supervisor Signature

Date

Appendix D
CLIENT RELEASE FORM
for audio or video recording

(agency)

I, _____, have been informed that my counselor is a Practicum or Internship student of the Division of Counseling and Family Therapy of Regis University, College for Professional Studies, Colorado.

I further agree to allow one or more of my therapy sessions to be audiotaped, videotaped, and/or viewed by intern students with their supervisors for training purposes only.

I understand that I will be counseled by a graduate student who has completed advanced coursework in marriage and family therapy and is being supervised by a faculty member and a site supervisor.

This agreement will terminate when I and/or my therapist deem appropriate. See details below:

Client's signature _____

Age _____ Date _____

Parent or guardian's signature if needed:

Signed _____ Date _____

Therapist's signature _____ Date _____

Appendix E

REGIS UNIVERSITY																	
Documentation of Clinical Experience Hours: MFT Practicum/Internship																	
Semester Dates:	01/00/00	To:	01/00/00	Regis Supervisor:	0												
Student Name:	0										Site Name:	0					
Practicum or Internship	0										Internship Site Supervisor:	0					
Week of Semester	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Subtotal
Direct Contact Hours																	
Non Relational Therapy Hours																	
Individual Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Therapy with Individuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Child Play Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Relational Therapy Hours																	
Couple/Conjoint Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Therapy (No Play Therapy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Therapy with Family/Couples/Relationships	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Play Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Direct Client Contact Hours:																	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Alternative Hours																	
Non Relational Alternative Hours																	
Relational Alternative Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Alternative Contact Hours:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Service Hours:																	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supervision Hours																	
Live Hours (behind mirror, video, audio)																	
Individual/Triadic (≤ 2 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group (3-8 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Case Report Hours (verbal report)																	
Individual/Triadic (≤ 2 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group (3-8 people)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Supervision Hours:																	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Signatures																	
Student: _____	Date: _____			Site Supervisor: _____			Date: _____										
Faculty Supervisor: _____				Date: _____			Therapist: _____			Date: _____							
Hours at a Glance																	
Total Service Hours:	0																
Total Direct Client Contact Hours:	0																
Total Alternative Hours:	0																
Total Supervision Hours:	0																
Total Live Hours:	0																
Total Case Report Hours:	0																
**Maximum of 100 Alternative Hours count toward Total Service Hours. Any hours over 100 will not count																	

Appendix F REGIS UNIVERSITY

DIVISION OF COUNSELING AND FAMILY THERAPY
MASTER OF ARTS IN MARRIAGE AND FAMILY THERAPY

Systemic Treatment Plan

Therapist: _____ Case/Client(s): _____

Date: _____ Therapy Model Used: _____

Primary Client Configuration:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)

Clients Also Seen As:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)
- Group

Client Concern #1:				
Client goal #1 personal/relational dynamic: to reduce (symptom):				
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				

Client Concern #2:				
Client goal #2		personal/relational dynamic:		to reduce (symptom):
<input type="checkbox"/> Increase				
<input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
		Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				
Anticipated strengths:				
Anticipated obstacles:				
Client Perspective				
Has treatment plan been reviewed with client: if no, explain				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

Describe areas of client agreement and concern:	
Referrals to Other Resources:	

I/We have read, understand, and agree to this Treatment Plan:

Client Signature(s): _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Minor child signature(s): _____ Date: _____
 _____ Date: _____

Appendix G



RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS

DIVISION OF COUNSELING AND FAMILY THERAPY

Marriage and Family Therapy Clinical Competency Evaluation

Check One: Individual/Triadic Supervisor Faculty Group Supervisor Site Supervisor

Check One: Practicum Internship A Internship B Internship C

Student Therapist Name: _____ Semester: _____

Person Completing Form: _____ Date: _____

PROFESSIONALISM & ADMINISTRATIVE COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 1.3.4, 1.3.5, 1.3.6, 1.3.8, 1.4.1, 1.5.2, 1.5.3, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.3, 2.4.4, 2.5.1, 3.1.4, 3.3.1, 3.3.8, 3.3.9, 3.4.3, 3.4.5, 3.5.1, 3.5.3, 3.5.4, 4.3.8, 4.4.5, 4.5.1, 4.5.2, 5.1.1, 5.1.2, 5.1.3, 5.3.2, 5.3.3, 5.3.4, 5.4.2, 5.5.1; AAMFT Code of Ethics: 1.2, 1.3, 1.10, 1.12, 2.1, 2.2, 2.4, 2.5, 2.6, 2.7, 3.4, 3.5, 3.7, 3.8, 3.9; Educational Outcomes: SLO-3)

Therapist's ability to fulfill practicum/agency responsibilities and coordinate a caseload

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets		Exceptional
		Expectations		

41. Therapist completes all paperwork requirements satisfactorily (AAMFT Core Competencies: 1.3.1, 1.3.4, 1.3.5, 1.5.2, 3.5.3, 5.1.1, 5.1.2, 5.1.3, 5.3.3, 5.3.4, 5.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

42. Therapist complies with clinical setting policies and procedure (AAMFT Core Competencies: 1.3.4, 1.5.3, 5.1.3, 5.3.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

43. Therapist provides referrals when appropriate (AAMFT Core Competencies: 1.2.3, 1.3.8, 1.4.1, 3.1.4, 3.3.1, 3.3.8, 3.3.9, 3.5.1, 4.3.8, 4.4.5)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

44. Therapist is professional in interactions with peers and supervisors (AAMFT Core Competencies: 1.3.6, 1.3.8, 2.5.1, 3.4.5, 3.5.4, 4.5.1, 4.5.2, 5.4.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

45. Therapist is professional in their interactions with clients (AAMFT Core Competencies: 3.4.5, 3.5.4, 5.4.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

PROFESSIONAL DEVELOPMENT COMPETENCIES (AAMFT Core Competencies: 1.1.3, 1.1.4, 1.5.1, 3.1.2, 3.1.3, 3.3.6, 3.4.4, 3.4.5, 3.5.2, 3.5.4, 4.3.12, 4.5.1, 4.5.2, 5.1.4, 5.3.1, 5.3.5, 5.3.6, 5.3.7, 5.3.9, 5.3.10, 5.4.1, 5.5.2, 5.5.4, 6.1.3, 6.3.1, 6.4.1, 6.5.1; AAMFT Code of Ethics: 3.1, 3.2, 3.3, 3.6, 3.10, 3.11, 3.12, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8 Educational Outcomes: SLO-1, SLO-2)

Therapist's ability to use resources to promote growth and present oneself as a marriage and family therapist

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

46. Therapist uses supervision in order to grow and learn (AAMFT Core Competencies: 4.3.12, 4.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

47. Therapist is prepared for supervision and uses supervision time wisely (AAMFT Core Competencies: 3.5.4)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

48. Therapist recognizes and appropriately deals with ethical issues (AAMFT Core Competencies: 1.1.3, 1.1.4, 3.1.2, 3.1.3, 3.3.6, 3.4.4, 5.1.4, 5.3.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

49. Therapist adheres to the AAMFT Code of Ethics and practices in accordance with Colorado state law (AAMFT Core Competencies: 1.5.1, 3.3.6, 3.4.4, 3.5.2, 5.3.1, 5.3.5, 5.3.6, 5.5.4, 6.1.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

50. Therapist is aware of their own professional development process (AAMFT Core Competencies: 5.3.1, 5.3.7, 5.3.9, 5.3.10, 5.4.1, 6.3.1, 6.4.1, 6.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

51. Therapist’s self-awareness allows them to recognize person-of-the-therapist concerns including their own values and personal dynamics. These are taken into consideration during work with clients to “do no harm” (AAMFT Core Competencies: 3.4.5, 4.4.6, 5.4.2, 5.5.2, 5.5.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

52. Therapist is familiar with various mechanisms of change (insight, experience, language, behavioral, psychoeducation interventions) and corresponding therapy models (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1,2.1.2, 2.1.3,2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.3,3.1.1, 3.1.4, 4.1.1, 4.1.2, 4.3.1, 6.1.2, 6.3.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

THERAPIST RELATIONAL COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.2.1, 2.3.8, 2.3.9, 2.4.2, 3.2.1, 3.3.1, 3.3.7, 3.4.5, 4.3.2, 4.3.3, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8, 4.3.10, 4.4.2, 4.4.3, 4.4.6, 4.5.1, 4.5.2, 5.4.2, 5.5.2, 5.5.3, 6.3.4; AAMFT Code of Ethics: 1.4, 1.5, 1.7, 1.8, 1.9, Educational Outcomes: SLO-2, SLO-3)

The ability to establish and maintain a therapeutic rapport.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

53. Therapist is able to build rapport with a wide range of clients representing various demographic backgrounds (AAMFT Core Competencies: 1.2.1, 1.3.3, 1.3.6, 1.3.7, 1.3.9, 2.3.8, 2.3.9, 3.3.1, 3.4.5, 4.3.2, 4.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

54. Therapist conveys respect (understanding, acceptance, warmth, compassion, empathy) to clients (AAMFT Core Competencies: 3.2.1, 3.3.1, 4.3.2, 4.3.3, 4.5.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

55. Therapist uses self in establishing and maintaining the therapeutic relationship (AAMFT Core Competencies: 1.2.1, 1.3.6, 3.4.5, 4.4.6, 4.5.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

56. Therapist maintains clients' engagement in sessions (AAMFT Core Competencies: 1.3.7, 1.3.9, 2.2.1, 3.3.7, 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

57. Therapist works flexibly and creativity to maintain presence with clients (AAMFT Core Competencies: 3.4.2, 4.3.3, 4.3.4, 4.3.6, 4.3.10)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

58. Therapist effectively uses humor and solemnity to foster an appropriate and productive therapeutic relationship (AAMFT Core Competencies: 1.3.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

59. Therapist level of self-confidence allows for effective therapy (AAMFT Core Competencies: 2.4.2, 4.3.7, 4.4.2, 4.4.3, 6.3.4)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

60. Therapist is able to see their role and influence in the system (AAMFT Core Competencies: 1.2.3, 2.2.4, 2.4.2, 4.2.1, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

ASSESSMENT & PERCEPTUAL COMPETENCIES (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 2.4.2, 3.2.1, 4.2.1, 4.2.2, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 6.2.1; Educational Outcomes: SLO-3)

Therapist's ability to observe patterns of interaction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

61. Therapist observes bidirectional influence within the system and interactional patterns (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.3.1, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.6, 3.2.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

62. Therapist is able to distinguish between the content and the process (AAMFT Core Competencies: 1.2.1, 4.2.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

63. Therapist is able to effectively use the DSM 5 in their conceptualization of client concerns (AAMFT Core Competencies: 1.2.1, 1.2.2, 1.2.3, 1.3.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.4, 2.3.6, 2.4.3, 2.4.4, 3.4.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

64. Therapist views diagnosis through a systematic perspective and in a manner congruent with their identified theory (AAMFT Core Competencies: 1.2.2, 1.3.1, 1.3.2, 2.1.6, 2.2.2, 2.2.3, 2.2.5, 2.3.1, 2.3.6, 2.3.7, 2.3.8, 2.3.9, 2.4.1, 2.4.2, 2.4.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

65. Therapist can understand presenting concerns from a variety of theoretical orientations while working primarily within one identified theory (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1,2.1.2, 2.1.3,2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.3,3.1.1, 3.1.4, 4.1.1, 4.1.2, 4.3.1, 6.1.2, 6.3.3)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

66. Therapist’s assessment focuses on the entire system as the unit of treatment, even if only parts of the system are present (AAMFT Core Competencies: 2.3.1, 2.3.9, 3.3.1, 4.3.9)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

67. Therapist is able to assess external and internal stressors on the system (AAMFT Core Competencies: 2.3.5, 2.3.7, 3.4.3, 4.3.9)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

68. Therapist integrates cultural attunement when assessing clients, accounting for the influence of socio-cultural context on clients and the therapeutic process (AAMFT Core Competencies: 2.1.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

CONCEPTUAL COMPETENCIES (AAMFT Core Competencies: 1.1.1, 1.1.2, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.1.7, 2.3.1, 2.3.2, 2.3.5, 2.3.7, 2.3.9, 2.4.1, 2.4.3, 2.4.4, 3.1.1, 3.1.4, 3.3.1, 3.3.2, 3.3.9, 3.4.3, 4.1.1, 4.1.2, 4.2.1, 4.3.1, 4.3.2, 4.3.9, 4.4.1, 4.4.6, 4.5.3, 5.3.8, 6.1.1, 6.1.2, 6.3.2, 6.3.3; AAMFT Code of Ethics: 1.1 Educational Outcomes: SLO-1, SLO-3)

Therapist's ability to integrate observations with theory, resulting in appropriate intervention and treatment goals

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets		Exceptional
Expectations				

69. Therapist bases case conceptualization upon their identified theory (AAMFT Core Competencies: 2.3.2, 2.3.3, 4.2.1, 4.4.1, 5.3.8, 6.1.1, 6.3.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

70. Therapist develops treatment goals with client input while also basing the goals on identified theory (AAMFT Core Competencies: 2.4.4, 3.2.1, 3.3.1, 4.3.1, 4.4.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

71. Therapist conceptualizes the system as the unit of treatment, even if only parts of the system are present (AAMFT Core Competencies: 2.3.1, 2.3.9, 3.3.1, 4.3.9)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

72. Therapist integrates cultural attunement when intervening with clients (race, socio-economic status, culture, ethnicity, religion, sexuality, gender identity etc.) (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

73. Therapist takes gender socialization and its effect on relationships and therapy into consideration (AAMFT Core Competencies: 2.3.7, 2.4.3, 4.1.1, 4.1.2, 4.3.1, 4.3.2, 4.4.1, 4.4.6)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

STRUCTURING COMPETENCIES (AAMFT Core Competencies: 1.3.3, 2.3.3, 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2, 3.5.4, 4.3.11; AAMFT Code of Ethics: 1.9, 1.10, 1.11; Educational Outcomes: SLO-1)

Therapist's ability to appropriately direct therapy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

74. Therapist's ability to pace the session appropriately, including starting on time and ending on time (AAMFT Core Competencies: 2.3.3, 3.3.3, 3.5.4)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

75. Therapist makes sure everyone in system has time to give input and is able to engage different perspectives and manage verbal interactions in the therapy room (AAMFT Core Competencies: 1.3.3, 3.3.4, 3.3.5)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

76. Therapist establishes and reviews a formal case plan with clients (if appropriate to the clinical model) (AAMFT Core Competencies: 3.3.3, 3.3.4, 3.3.5, 3.4.1, 3.4.2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		2. Exceeds Expectations		Exceptional	

77. Therapist effectively prepares clients for termination (AAMFT Core Competencies: 4.3.11)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

INTERVENTION COMPETENCIES (AAMFT Core Competencies: 4.1.1, 4.4.1, 4.4.3, 4.4.4;
Educational Outcomes: SLO-1)

Therapist's ability to purposefully intervene to facilitate change

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

78. Therapist links intervention with their identified theory (AAMFT Core Competencies: 4.1.1, 4.4.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

79. Therapist is able to effectively implement a case plan (AAMFT Core Competencies: 2.4.1, 2.4.4, 3.1.1, 3.3.1, 3.3.2, 3.3.9, 4.3.1)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

80. Therapist evaluates the outcome of interventions and actively monitors client reactions to treatment process.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

OVERALL COMPETENCY

Therapist’s overall competence for this point in their clinical training.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

Strengths and growth during current semester:

Areas for further growth in subsequent semesters:

Signatures. This evaluation will be placed in the student’s program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the internship.

Student _____ Date: _____

Supervisor _____ Date: _____

Triadic Supervisor _____ Date: _____

Appendix H



RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS

Division of Counseling and Family Therapy

CLINICAL INTERNSHIP SITE EVALUATION BY STUDENT

Please print

Student _____ Date _____

Clinical Site Supervisor _____

Site Name _____

Site Address _____

Regis Faculty Internship Instructor _____

Supervised Internship placement from ____/____/____ to ____/____/____.
(mo/day/yr)

Please rate your overall clinical experience at the Supervised Internship site.

Excellent Good Fair Poor

Would you recommend this placement to other students?

Please rate the clinical supervision received at the placement.

Excellent Good Fair Poor

Please rate the working conditions and atmosphere at the placement.

Excellent Good Fair Poor

Please comment on particular areas of strength or weakness regarding this placement site and clinical experience.

Check any item below which applies to you:

- I would like for this information to be placed in the clinical placement binder to be available to future students.

- I am comfortable with future students contacting me directly to gain information about this site. My phone number/ email is _____.

Student Signature: _____ Date: _____

Appendix I

REGIS UNIVERSITY

DIVISION OF COUNSELING
AND FAMILY THERAPY

Clinical Placement Summary Sheet Marriage and Family Therapy Program

Student Name: _____ Student ID#: _____
 Mailing Address: _____ First Semester in Program: _____
 State/Zip: _____ Phone Contact # _____
 Non-Regis E-mail _____ First Semester of Clinical
 Address: _____ Placement _____

Hours Completed

Clinical Stage	Clinical Site Name Clinical Site Supervisor Supervisor Phone #	Service Hours		Supervision Hours
		Direct Hours	Alternative Hours	
Practicum Semester: Year:		Individual and Group: Relational: Total Prac Direct:	Individual: Relational: Total Prac Alt:	Live: Case Report: Total Prac Sup:
Internship A Semester: Year:		Individual and Group: Relational: Total Int A Direct:	Individual: Relational: Total Int A Alt:	Live: Case Report: Total Int A Sup:
Internship A Break Dates:		Individual and Group: Relational: Total A Break Direct:	Individual: Relational: Total A Break Alt:	Live: Case Report: Total A Break Sup:
Internship B Semester: Year:		Individual and Group: Relational: Total Int. B Direct:	Individual: Relational: Total Int B Alt:	Live: Case Report: Total Int B Sup:
Internship B Break Dates:		Individual and Group: Relational: Total B Break Direct:	Individual: Relational: Total B Break Alt:	Live: Case Report: Total B Break Sup:
Internship C Semester: Year:		Individual and Group: Relational: Total Int. C Direct:	Individual: Relational: Total Int C Alt:	Live: Case Report: Total Int C Sup:
Internship C Break Dates:		Individual and Group: Relational: Total Int. C Break:	Individual: Relational: Total C Break Alt:	Live: Case Report: Total C Break Sup:
Internship D Semester: Year:		Individual and Group: Relational: Total Int D Direct:	Individual: Relational: Total Int D Alt:	Live: Case Report: Total Int D Sup:
		Individual and Group: Relational: TOTAL DIRECT:	Individual: Relational: TOTAL ALTERNATIVE:	Live: Case Report: TOTAL SUPERVISION:
		Total Service Hours (Direct and Alternative):		
		Total Relational Hours (Direct and Alternative):		

Calculate Ratio of Total required Supervision to Total required Service Hours (Divide Service Hours by Supervision Hours) _____
 Calculate Ratio of Live required Supervision Hours to Total required Supervision Hours (Divide Live Hours by Total Supervision Hours) _____
 Calculate Ratio of required Relational Hours to Total required Service Hours (Divide Relational hours by Total Service Hours) _____
 Student Member of AAMFT? ___ Yes ___ No Score on AMFTRB Practice Exam _____

Student Signature _____ Date _____

Group Supervisor Signature _____ Date _____

Appendix J Capstone Presentation Capstone Project for MAMFT

Your capstone project is the culminating and determinative assignment of the MAMFT curriculum. It includes both a written case study and a formal oral presentation of your work with a client system. Together the paper and presentation are your opportunity to demonstrate how you work as a clinician by using a clinical case to demonstrate your efforts and ideas. As such, the focus of both the presentation and the paper should be how you work as a therapist. In doing this, you are meant to show competency in the assessment of client systems, skillfulness in formulating a clinical goal(s) in collaboration with clients, sound grasp of the ethical and legal responsibilities of clinical work, and the intentional use of effective systemic interventions. Additionally, your identity as a systemically oriented therapist should be threaded throughout the various components of your paper and presented in a way that shows you embody a clear theoretical orientation and self-awareness around person-of-the-therapist considerations. In other words, prepare to present yourself as a professional with confidence rooted in competence.

Written Case Study

Below we have provided some guidelines for how you might structure your written case study to comprehensively present your work with clients during the assessment phase, when developing goals, while intervening, and ultimately as you terminate with clients. The following is a detailed description of the components you will want to include as you write these sections. While we have provided extensive details related to each section of the capstone paper, it is important to note that you will need to be concise in your descriptions so your paper is between 25-30 **pages** (including the title page, all references, tables, and figures). Your reference list is included in the page limit, and you are required to have a minimum of 12 scholarly sources. Only the treatment plan is exempt from the page limit. If your paper is more than 30 pages, it will be returned to you and you will not be able to present your capstone.

Theoretical and Research Basis for Treatment

This section includes important context for presenting your work with the client family. Specifically, describe your *systemic* theoretical orientation, including a brief description of your theory's cornerstone concept or philosophical underpinnings and provide a discussion of current research related to the case you are presenting.

Theoretical Orientation. Presenting your theoretical orientation involves discussing the basic principles of a *systemic* theoretical model (citing original primary sources throughout this discussion). Please do not cite resources like those by Robert Guise or Diane Gehart, as these are review texts and do not offer a nuanced understanding of specific models. **Briefly** explain the following for your model:

1. Assumptions about the origin of problems (why problems occur in systems)

2. Theoretical assumptions of the model including why change happens and under what circumstances change happens (the *why* of the model)
3. Assessment specific to the model (how the model views systemic context)
4. General treatment goals of the model
5. Basic interventions of the model (the *what* of the model)
6. Commonly used techniques of the model (the *how* of the model)
7. The role of the client in this model (where is the client located in the experience i.e. as the agent of change, narrator)
8. Your role as the therapist in this model (what clinical posture you hold i.e. expert, collaborator, co-author)
9. What limitations exist for the model and what adaptations (if any) you have made
10. How well the model informs/accounts for diversity in clients' cultural identities and experiences

A critical requirement of the capstone assignment is a clearly articulated theoretical framework that underpins every aspect of your work. It is not enough to describe your theoretical orientation without then applying it throughout your capstone paper. It should be evident throughout your paper that you move from and embody the theoretical orientation in a way that is consistent with the assumptions of the model. Said differently, your theoretical orientation should emerge in all sections of your capstone because your theoretical model should frame how you went about each of the clinical tasks with your client family. Consider the difference between saying “*Emotion Focused Therapists focus on identifying attachment injuries*” and “*As an emotion focused therapist, I focused on understanding how the conflict Chris and Pat were experiencing was the manifestation of the attachment injuries they both experienced in their family of origins.*” One reflects an academic understanding of a model while the other indicates an integrated identity as an emotion focused therapist and the embodiment of the theoretical orientation. It will not be enough to simply say what clinical model you follow. Capstone requires that you present in a way that makes your emerging clinical identity clear. You are essentially using your work with one of your clients as the medium through which you demonstrate how you assess client systems, how you formulate goals with clients, and intervene from your theoretical orientation.

Integration of Research. In addition to describing your theoretical orientation, this section should include a discussion of current and related research.

1. Mention research on best practices and/or effectiveness research for a particular clinical strategy that addresses the primary concern your clients faced.

2. Cite research that indicates how common a particular phenomenon is and under what circumstances it emerges. Include research on the effectiveness of your clinical model and any contraindications supported by empirical findings.
3. Use social research (PEW, CATO, etc.) to discuss current social trends as a means of contextualizing your clients' experiences. Remember that the strongest clinicians are intentional about using clinical and social research in their work.

Case Introduction

In this section, provide the reader with information about the client system and a general overview of the structure of therapy. This involves a description of who you are working with including:

1. Each clients' constellation of sociocultural identities (age, developmental stage, racial identity, cultural/ethnic identity, sexual identity, gender identity, class background, physical ability, educational experiences, religious/spiritual affiliations, etc.). Use the RESPECTFUL model as a framework for providing this information
2. Each clients' employment status
3. How the various clients are related to each other

It is also important to include information about the structure of therapy including:

1. How many sessions you have seen the clients. Include frequency and length of sessions (e.g. weekly for 50 min)
2. Reasoning underlying length of treatment
3. In what composition(s) you saw the clients. Include reasoning for underlying compositions.

**Be sure that when you refer to specific clients you protect their identities by using pseudonyms, changing any identifiable information, and not disclosing the site name and location. Instead provide only a contextual description of the site. Please see the clinical manual on page# for additional information on how to de-identify a case.

Presenting Complaints

In this section, you will want to include an accurate representation of what the clients said they came to therapy for help with. Clients' descriptions of their concerns are essential context for understanding a case and for your work with the client system. This section might include:

1. What each client said was the concern
2. If there was agreement among family members about the concern

3. What each client initially described wanting to get from therapy (note that this may be distinct from the clients' goal – for example, one client may state initially they want relief)

History

It is important to describe how the clients came to be in therapy and if they are in therapy of their own volition. Historical data includes:

1. Referral information – this provides information about, how the client family came to the agency, consultation with other professionals at intake, how “resourced” the client was in their community, who they considered (or did not consider) to be a resource, and whether they were a visitor, complainant, or customer of therapy
2. Your understanding of the “why now” question, meaning what precipitated their coming to therapy from your perspective
3. Whether the clients were mandated for therapy and how this impacted your work with them

Assessment

When describing your assessment efforts, demonstrate that you were purposeful and systemic in your collection of data related to the client system. To be truly systemic in your assessment, it will be important that you have assessed for and integrated any biological, psychological, and social contributors in to your conceptualization of the clients' concerns. As a means of providing a quick and consolidated look at your assessment efforts, use and present *at least* two of the following: timeline, genogram, structural map, and/or results from a formal assessment instrument. Your choice of assessment methodologies and mechanisms should be clearly tied to your theory. Additionally, your description of your assessment efforts should include information about:

1. Clients' expectations related to therapy and the therapeutic process
2. How the problem has impacted and continues to impact the clients' lives
 - a. Outcomes from any formal assessment instruments you have used. If you used a formal assessment instrument, be sure to include details about the reliability and validity of the scale.
1. Unique strengths and resiliencies of the client system
2. Complete biopsychosocial for every client attending therapy
3. How broader cultural dynamics shaped the presentation of the client(s) symptoms and were contributing to the client(s) concerns. This should include how understanding the

clients' intersectional identities helped to inform how you understand the problem and how you formulate goals.

4. DSM 5 differential diagnoses for every client attending therapy and for the system as a whole. In addition to mentioning what diagnosis you used, you will want to demonstrate your thought process by addressing the following:
 - a. Describe symptom severity and level of functioning that informed your decision for each diagnosis
 - b. Describe alternative diagnosis you considered and then ruled out for each client
 - c. Describe your thinking related to the costs and benefits of providing formal diagnosis for individuals in the family system
 - d. Describe how you used DSM 5 diagnosis in your treatment of the client system
 - e. Describe what cultural/contextual considerations you weighed as you arrived at the various diagnoses
 - f. Describe how individual diagnoses might have contributed to relational concerns and how relational concerns might have impacted individual diagnosis

Provide a case conceptualization. From a systemic perspective, a case conceptualization includes your impressions of what systemic dynamics (e.g. structural features, interactional patterns, intergenerational patterns, attachment experiences, and broader cultural dynamics) are contributing to your clients' presenting problem. Your description of these patterns should clearly reflect knowledge of socio-political context, your theoretical orientation, and the language of your model.

When describing your systemic impression be sure to include a description of the primary interactional pattern between clients, an explanation of how cultural context has shaped this interactional pattern, and the hypothesized homeostatic functioning of the presenting problem.

Articulation of the primary pathologizing interpersonal pattern should include the following:

1. Description of the start of the tension in the system
2. Description of the conflict or other symptom that escalate the tension in the system
3. Description of how the system returns to "normal" (homeostasis)

Articulation of how cultural context shapes the primary interactional pattern between clients should:

1. Explain how the primary pathologizing interpersonal pattern reflects features of the broader cultural system (e.g. white supremacy, gender-based inequity, gender binary, classism)

Articulation of the hypothesized homeostatic functioning should:

1. Explain how the primary pathologizing interpersonal pattern functions for the client system (e.g. creates independence/distance, establishing influence, reestablishes connection, otherwise organizes the system)

Goal Development and Treatment Plan

In this section, you will want to demonstrate your ability to develop a plan for your work with a client system. Begin by *very briefly* describing the client(s) presenting concerns and then describe the client(s) long term goal(s) for therapy with a corresponding short term objective(s). Each goal should simultaneously be:

1. Process oriented rather than content oriented
2. Consistent with what you presented in your case conceptualization
3. Use the language of your theoretical orientation
4. Emphasize intrapersonal/relational functioning in the system
5. Be stated in terms of the positive (what clients want rather than what they don't want)
6. Be congruent with the clients' presenting concern
7. Concrete and measurable

In this section you will also want to demonstrate that you addressed the dilemma of change with your client(s) as well as discussed the goal(s) and treatment plan with them in order to identify and respectfully address areas of agreement and disagreement. This is in the interest of showing that you developed the goal(s) with the client(s) in a collaborative fashion that honors client autonomy. Finally, complete and attach a systemic treatment plan using the provided template.

Course of Treatment and Continued Assessment of Progress

The treatment section of your capstone project is where you describe your intervention efforts (i.e. what you did to foster change for your clients) during each phase of therapy. Remember that your descriptions of your interventions should use the language of your theoretical model and reflect the theoretical underpinnings of that model in their focus. This section should address each of the following:

1. Describe how you identified which members of client system would be involved in specific tasks and stages of the treatment
2. Describe a beginning, middle, and end phase of treatment

3. Provide at least one detailed example *for each phase of therapy* that includes actions you took to foster systemic change and how the client responded to those actions
4. Include specific techniques you used (i.e. metaphor, reframing, inventiveness, creativity, humor, prescribing symptom) in your descriptions
5. Explain how you assessed the effectiveness of your interventions and evaluated client progress
 - a. This can be through the use of a formal assessment tool, through informal solicitation of feedback from the client, and/or by revisiting/revising therapeutic goals
6. Describe your working alliance with *each* client as well as the entire system including:
 - a. How well you were connected with each client
 - b. How each client may have experienced you in session
 - c. Process-level observations regarding your involvement in the client system
7. Describe any collaboration with collateral systems that happened as treatment progressed
8. Describe any advocacy efforts you made to intervene in the broader systems affecting your client(s) in order to support your client(s) change
9. Explain what adjustments you made to your interventions and/or techniques based on cultural/contextual factors. These can include:
 - a. Structural and/or policy demands of your internship site
 - b. Unique needs of the client population served by your internship site
 - c. The socio-political identities of your client(s)
 - d. Established/cited limitations of your clinical model
 - e. Other complicating factors (e.g. medical management, involvement in legal system, broader healthcare systems impacting access to systemically oriented therapy)

Ethical and Legal Issues

Your discussion of the ethical and legal considerations of a case should demonstrate that you have identified the most salient ethical and/or legal issues of your case, that you accessed the appropriate resources for support when addressing ethical and legal concerns, and that you were able to weigh and act on various ethical demands in a way that prioritizes client well-being. To do this, describe:

1. The most salient ethical/legal concerns of the case and the decision making process you used to address them
 - a. Demonstrate how you used all of the available relevant resources (e.g. supervision, AAMFT Code of ethics, Colorado Revised Statutes, books/articles) to inform your decision making for handling each ethical/legal concern
2. What actions you took based on your decision
3. What the outcomes of these actions were and how these have informed what you would do in a future similar situation

Reflections

It is likely that you have dedicated a significant amount of time and energy outside of the therapy room to evolving and consolidating your identity as a systemically oriented therapist. Be sure that you document these efforts. In the reflection section of your capstone, you should include:

1. Person-of-the-therapist insights you had during your work with client(s) such as:
 - a. Which process level patterns you inherited from your FOO and how they manifested for you as you participated in the client system
 - b. How your socio-political identities have shaped your values, attitudes, beliefs, and primary emotions and how these manifested for you when working with the client system
2. A description of how the intersection of your own and the client(s)' socio-political identities either inhibited or facilitated the therapeutic relationship and process
3. Any missteps, oversights, and/or ruptures in the therapeutic alliance that occurred during your work with the clients and what you learned from these experiences that helped you evolve as a therapist

In the reflections section, you must also describe at least one of two of the Key Jesuit Values that were most meaningful for you as you worked with the client system. Reflection questions for the Key Jesuit Value are listed below for you to consider as you address this requirement.

- a. Cura Personalis – In what way did your experience reflect your concern for your client(s)' personal development and how did you respond in terms of promoting human dignity?
- b. Unity of Mind and Heart – How did you integrate your academic knowledge with care and compassion for your client(s)?
- c. Finding the Sacred in All Things – How did this experience fit into the notion of developing your own spiritual awareness and how you “ought to live”?

- d. Magis – What is your understanding of working towards the “greater good” and how did your work with your client help them “meet the challenges of their present circumstances?”
- e. Men and Women for Others – In what way did your work address issues of inequity and center/prioritize those with non-dominant experiences?

Case Study Presentation

Below we have provided some guidelines for how to structure the presentation of the case study you have selected for your Capstone. As context for the presentation of the case, you will want to clearly state what theoretical orientation you use and a brief explanation of the basic principles of your model. For the remainder of the presentation, present the information in a way that follows the overall structure of the course of therapy. Specifically, start with a brief introduction of the case and then present your assessment of the system that informed your conceptualization of the case. Move to the goals you established with clients and end with interventions and techniques you used to facilitate the client(s) stated goal(s). You will also want to describe your efforts to assess your clients’ progress, manage any ethical/legal concerns, and end with a brief summary of the current status of your work with the client system. As a means of concluding your presentation, you can describe your reflections about the case and your evolution as a systemic therapist. Remember that this presentation is meant to reflect the preeminent example of your work so you will want to be practiced in your presentation of this information.

Suggested time frame for presentation sections:

Statement of Theoretical Orientation	– 5 minutes
Brief Case Introduction	– 5 minutes
Assessment and Analysis of System	– 10 minutes
Goal Development and Treatment Plan	– 10 minutes
Course of Treatment and Continued Assessment of Progress	– 10 minutes
Ethical and Legal Issues	– 5 minutes
Reflections Including Regis Mission	– 5 minutes
Questions and Group Discussion	– 10 minutes

Treatment Plan

Therapist: _____ Case/Client(s): _____

Date: _____ Therapy Model Used: _____

Primary Client Configuration:

Clients Also Seen As:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)
- Group

Client Concern #1:				
Client goal #1		personal/relational dynamic:		to reduce (symptom):
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				

c.	
Interventions:	

Client Concern #2:				
Client goal #2		personal/relational dynamic:	to reduce (symptom):	
<input type="checkbox"/> Increase				
<input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:	for period of:		with no more than:	episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				
Anticipated strengths:				
Anticipated obstacles:				
Client Perspective				

Has treatment plan been reviewed with client: if no, explain	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe areas of client agreement and concern:	
Referrals to Other Resources:	

I/We have read, understand, and agree to this Treatment Plan:

Client Signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Minor child signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

Master of Arts in Marriage and Family Therapy Capstone Project Student Rubric

Student Name: _____ Date: _____ Faculty Evaluator: _____

Faculty Supervisor: _____ Site: _____

A. Statement of Theoretical Orientation (5 minutes)
Grasp of why change occurs from systemic theoretical model (i.e. Systemic understanding of the origins of and solutions to concerns)
Knowledge of primary interventions of systemic theoretical model
Knowledge of primary techniques of systemic theoretical model
Description of the client(s)' role and the therapists role from systemic theoretical model
Flexibility with regard to technique
Adjustments in use of theory based on context of client(s) and therapy services
Theoretical congruence in presentation of work
Integration of research (e.g. best practice, contraindications, support for social trends)
<i>Comments on Presentation:</i>
B. Case Introduction (5 minutes)
Description of client system and in what configuration they were seen
Description of client(s) presenting complaints
Presentation of relevant background information for case
<i>Comments on Presentation:</i>
C. Assessment and Analysis of System (10 minutes)
Description of systemic impressions of case and client(s) process
Client(s) concerns represented within systemic case conceptualization
Articulation of differential diagnostic impression for each client
Integration of diagnostic impression and systemic theoretical model
Description of bidirectional influence of individual diagnosis and relational dynamics
Client's strengths, resources, and community described
Explanation of cultural/contextual considerations weighed during diagnosis
<i>Comments on Presentation:</i>

D. Goal Development and Treatment Plan (10 minutes)

Goal(s) of client system described
Primary treatment goal(s) formulated in relation to systemic theoretical model
Primary treatment goal(s) focused primarily on process instead of content
Client(s) concerns addressed by primary treatment goal(s)
Assessment and analysis of system used to formulate primary treatment goal(s)
Ability to connect individual symptoms with systemic functioning
Completion of treatment plan

<i>Comments on Presentation:</i>

E. Course of Treatment and Continued Assessment of Progress (10 minutes)

Description of intervention efforts based on systemic theoretical model
Detailed examples of intervention and client response given for each phase of therapy
Description of how therapist's effectiveness and client progress were evaluated
Involvement in client system was therapeutic and professional in nature
Awareness of client(s)' perception of therapist
Awareness of self in the therapeutic relationship
Adjustments made in intervention efforts based on cultural/contextual factors affecting client(s) and/or therapy services

<i>Comments on Presentation:</i>

G. Ethical and Legal Issues (5 minutes)

Most salient ethical/legal concerns of case identified
--

REGIS UNIVERSITY

Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Master of Arts in Marriage and Family Therapy

Dora Verification Checklist for MFT Students

Please check the boxes as you complete the below tasks and then submit the checklist with required documents to your internship instructor. Please submit all necessary documentation to Dr. Jennifer Cates to this email address jcates001@regis.edu and cc any relevant instructors along with your advisor.

- I attest I am not a part of an active remediation.
- Master of Education certificate DORA form is attached with top portion completed and filled out.
- I have ran and attached my program evaluation from Webadvisor and have cc'd my advisor to this email. I am on track to successfully complete program requirements by end of term.
- I have successfully passed capstone.
- I am on track to complete all requirements by end of the term.

If you are taking additional courses that are required for your degree please check the box below.

- I have copied my instructor who can verify that I am on track to complete with a grade of B or higher
- I understand if I do not complete all the requirements for my degree successfully DORA will be contacted to revoke my verification.

MAMFT POST MASTER'S CERTIFICATE APPLICATIONS

APPENDIX A



RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS

Division of Counseling and Family Therapy

Marriage and Family Therapy Post Master's Certificate

Practicum Application

Application Deadlines (please check):

___ Fall Semester: July 1
___ Spring Semester: November 1
___ Summer Semester: March 1

Students who submit completed applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment. Students submitting Practicum applications after the published deadline will be placed on a space available basis but are not guaranteed approval for Practicum course assignment.

Notification of acceptance to a Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2 weeks from the Application Deadline date for processing your application. The assigned group supervisor of each section will provide specific information and guidelines to students registered in their sections. Students whose applications are not accepted may ordinarily reapply for the following semester, unless other pre-requisites are established as part of a remediation process, or they have been terminated from the program. Please note that students who submit a complete practicum application by the published deadline will be contacted by the Compliance Office and requested to submit to a background check.

Email **completed** application packet to dcftclinicalapps@regis.edu in one pdf.

Student's Name: _____ **Student ID# (required)** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ Cell (____) _____

Regis Email Address: _____

Current Employer Name: _____

Employer Address: _____

Position Held: _____ Supervisor Name: _____

Do you plan to continue employment: _____

Student's Signature I give consent for the Division of Counseling and Family Therapy to register me for practicum and/or internship.

If you plan to work with children or adolescents during internship, one of the following courses must be taken prior to or concurrently with Practicum:

- d. MCPY 668 - Play in Family Therapy – offered spring & fall (first 4 weekends)
- e. MCPY 678 – Introduction to Play Therapy- offered spring (last 4 weekends)

- f. MCPY 677 - Counseling Children & Adolescents- offered summer (first 4 weekends)
- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

<u>Courses Completed</u>	<u>Year/Semester</u>	<u>Grade</u>
<u>Theories of Family Therapy</u>	_____	_____
<u>Gender Development & Sexuality</u>	_____	_____
<u>Couples Therapy</u>	_____	_____
<u>Family Origins & Lifecycles</u>	_____	_____

List other courses relevant to your preparation for Practicum:

To complete your application include the following:

- 1) Cover letter addressing your unique skills
- 2) Signed disclosure form for Workman’s Comp Coverage (Practicum Appendix A in Clinical Manual)
- 3) Signed HIPAA Privacy & Security Policy & Practices Form (Practicum Appendix A in Clinical Manual)
- 4) Proof of (Active) Student Liability Insurance - Attached Copy of “Certificate of Insurance” from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT.)
- 5) Clinical Orientation Certificate

Check List

By initialing each item, you agree it is completed and attached in your application. Incomplete applications will not be accepted. Note: You will be registered for Practicum by the Clinical Administrative Coordinator. You will not self-register

- _____ Completed application form
- _____ Cover letter
- _____ Signed Workman’s Comp Disclosure Form (Practicum Appendix A)
- _____ Signed copy of HIPAA Privacy & Security Policy & Practices (Practicum Appendix A)
- _____ Copy of “Certificate of Insurance” EXP DATE: ___/___/_____
- _____ “I have read the clinical manual and understand what I have read”.
- _____ Clinical Orientation Certificate (Orientations offered once each term)

Student’s Signature

Date

APPENDIX B

REGIS UNIVERSITY

**RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS**

Division of Counseling and Family Therapy

Marriage and Family Therapy Post-Master's Certificate

Internship Application

Application Deadlines (please check):

___ Fall Semester: July 1
 ___ Spring Semester: November 1
 ___ Summer Semester: March 1

Indicate your Preferred Days and Times for Internship Supervision*

Please refer to Web Advisor for available course offerings
 *Denver/Thornton Only

1. _____
2. _____
3. _____

Early submissions will be processed immediately. Approval for Internship will follow Practicum Faculty Evaluations. Unlike Practicum, Internship group supervision placements are based on available sections and student indicated preferences.

Email **completed** application packet to dcftclinicalapps@regis.edu in one pdf.

Student's Name: _____ **Student ID# (required)** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ Cell (____) _____

Regis Email Address: _____

Current Employer Name: _____

Employer Address: _____

Do you plan to continue employment: _____

<u>Pre-requisite Courses Completed</u>	<u>Year/Semester</u>	<u>Grade</u> (if completed)
Practicum MFT690/692	_____	_____

Proposed Internship Site:

Agency Name: _____ Program: _____

Agency Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

On-site Supervisor: _____ Phone: _____

Email Address: _____

Degree/licensure ** : _____ Expires: (See DORA): _____

**** If the Site Supervisor is NOT an AAMFT Approved Supervisor, the site supervisor will need to complete the Supervisor Qualification Form and submit it to the MFT Internship Coordinator for approval.**

Types of Clients You Will Work With: _____

If you work at an Internship site where children and adolescents are the primary population you must take one of the following courses prior to Internship:

- d. MCPY 668 - Play in Family Therapy,
- e. MCPY 678 – Introduction to Play Therapy
- f. MCPY 677 - Counseling Children & Adolescents

*Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Internship Site Schedule (include days/ times if known): _____

Start Date at Internship Site: (must be at beginning of a semester): _____

Student's Signature I give consent for the Division of Counseling and Family Therapy to register me for practicum and/or internship.

___/___/_____ Student Liability Insurance Expiration Date

Include the following with your Internship Application:

- 1) Proof of (Active) Student Liability Insurance - Attach Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT)
- 2) A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 375 hours (40% must be relational hours).
- 3) A letter of acceptance from the site
- 4) Site Supervisor Qualification Form and Site Supervisor Resume (if Site Supervisor is not AAMFT Approved Supervisor, a Licensed Marriage and Family Therapist or already approved as a Regis University Supervisor)
- 5) Verification of site supervisor's license. This may be found at [HERE](#))

Check List

By initialing each item, you agree it is completed and attached in your application.

- _____ Completed application form
- _____ Copy of Proof of Student Liability Insurance Exp: ___/___/_____
- _____ Letter of acceptance from site
- _____ Site supervisor's license verification
- _____ Site supervisor's resume
- _____ Site Supervisor Qualification Form (please see info. above to determine need)
- _____ Cover Letter (tell us about your choice of placement & plans to attain clinical hours)

Student Signature

Date

Practicum Faculty Supervisor Signature

Date